GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD MEETING AGENDA

State of California
DEPARTMENT OF HEALTH CARE SERVICES

Notice is hereby given that the **Global Medi-Cal DUR Board** will conduct a public meeting on **Tuesday, November 17, 2020.** Pursuant to Governor Newsom's Executive Order N-29-20 on March 17, 2020, this meeting will be held via webinar only.

9:30 AM-12:30 PM
All times shown are approximate and are subject to change
Registration link to attend meeting via webinar

Report Type*	Agenda Item	Presenter	Time
C	**1.** Welcome/Announcements/Introductions/Roll Call	Emily Schulz, PharmD	930-935
I/D	**2.** Call to Order/Guidelines/Robert's Rules	Timothy Albertson, MD, MPH, PhD	935-940
R/A/D	**3.** Review and Approval of Minutes from September 15, 2020	Timothy Albertson, MD, MPH, PhD	940-945
	4. Old Business		
R/A/I/D	**a.** Board Action Items from September 15, 2020 **b.** MCP Action Items from September 15, 2020 **c.** Pharmacy Update: Medi-Cal Rx	Emily Schulz, PharmD Ivana Thompson, PharmD	945-1030
	5. New Business		
R/A/D	**a.** Global DUR Board Activities i. Medi-Cal Rx Workgroup Update	Yana Paulson, PharmD and Stan Leung, PharmD	1030-1055
Break			1055-1100
R/A/D	ii. COVID-19 Update	José Dryjanski, MD	1100-1125
R/A/D	**b.** Health Plan Presentation by San Francisco Health Plan – Medication Therapy Management Program	Tammie Chau, PharmD, APh	1125-1140
R/A/D	**c.** UCSF Update	Shalini Lynch, PharmD and Amanda Fingado, MPH	1140-1215
R/D	**d.** Looking ahead: Call for future meeting agenda topics	Emily Schulz, PharmD	1215-1220
C	**6.** Public Comments **		1220-1230
I	**7.** Consent Agenda		
	a. Meeting feedback **b.** Next meeting: Tuesday, February 23, 2021		
A	**8.** Adjournment		1230

* REPORT TYPE LEGEND: **A: Action**; **C: Comment**; **D: Discussion**; **I: Information**; **R: Report**
** Comments from the public are always appreciated. However, comments will be limited to five minutes per individual.
You can obtain the Global DUR Board agenda from the Medi-Cal DUR Main Menu Web site (https://files.medi-cal.ca.gov/pubsdoco/dur_home.aspx).

GLOBAL MEDI-CAL DUR BOARD MEETING
PACKET SUMMARY
November 17, 2020

- **Suggested Sections to Review Prior to Meeting:**
    - New Additions to the Medi-Cal List of Contract Drugs: FFY 2019 (**Pages 32 – 37**)
        - Each November, utilization is reviewed for all new additions to the Medi-Cal List of Contract Drugs (CDL). During FFY 2019, there were 26 additions to the CDL and six of these drugs had enough paid claims and utilizing beneficiaries to show utilization graphically over time. Please review these figures prior to the Board meeting to determine if there should be any additional analyses completed for any of these drugs.
    - Evaluation Report: 3Q2020 (July – September 2020) (**Pages 89 – 95)**
        - Please review the evaluation report, which covers two DUR educational articles published during 2018. A brief summary of the report will be covered during the UCSF update.
    - The following dates for 2021 DUR Board meetings have been proposed:
        - Tuesday, February 23, 2021
        - Tuesday, May 18, 2021
        - Tuesday, September 21, 2021
        - Tuesday, November 16, 2021

Global Medi-Cal DUR Board Webinar Meeting Guidelines

- All panelists (includes Board Members) can mute and unmute their own phones
- Voting on action items requires a roll call vote for each Board Member
  - Verbal response is required for this meeting
- Attendees must use the chat feature to communicate and ask questions
  - Only questions sent via chat to everyone will be answered

Global Medi-Cal DUR Board General Meeting Guidelines

- Governor's Executive Order exempts this Board meeting from the Bagley-Keene Open Meeting Act
- Be familiar with Robert's Rules of Order
- Be courteous, respectful, and open minded of other's comments
- Be prepared by reviewing materials and downloading documents on PC/tablet in advance

Robert's Rules of Order

Purpose:

- Supports an orderly and democratic decision process
- Facilitates group decisions

Motion:

- A member presents a formal proposal requesting the group to take a certain action or position
- A main motion is required to begin the decision-making process
- A motion occurs prior to discussion

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The Main Motion Process

1. Member makes a **clearly worded motion to take action on a position.**
   - "I move that…..". Motion is recorded in minutes.
2. **Motion must be seconded**. A motion without a second does not move forward.
   - "Second!" A second allows discussion to occur; it does not signify approval.
3. **Chairperson restates the motion.** This provides clarity**.**
   - "It is moved and seconded that….."
4. **Discussion/debate occurs.**
   - Maker of motion starts discussion.
   - If amendments offered – return to step 1 to amend motion: "I move to amend the motion by….."
5. Chairperson closes discussion and **states the question/asks for a vote.**
   - "The question is on the adoption of the motion that…."(Repeat the motion word for word).
6. **Chairperson provides voting directions: "**Those in favor of the motion, say aye", "those oppose, say no".
7. **Chairperson announces the result of the vote**: The "ayes have it, and the motion is adopted" or "the nos have it, and the motion is lost". Recorded in minutes.

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What to Say

Purpose	Motion	Say	Debate allowed	Vote Required
Introduce business	Main	"I move that…"	Yes	Majority
Second a Motion	Second	"Second."	No	No
Change the wording/clarify a motion	Amend	"I move to amend the motion by…."	Yes	Majority
Postpone action until a specific time	Postpone	"I move the motion be postponed until…"	Yes	Purpose
Take break	Recess	"I move to recess for (x) minutes."	No	Majority
Close meeting	Adjourn	"I move to adjourn."	No	Majority

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GLOBAL MEDI-CAL DRUG USE REVIEW (DUR) BOARD
MEETING MINUTES
Tuesday, September 15, 2020
9:30 a.m. – 12:30 p.m.

Location: WebEx Only

Topic	Discussion
1) WELCOME/ INTRODUCTIONS/ ROLL CALL/ ANNOUNCEMENTS	• The Global Medi-Cal Drug Use Review Board (the "Board") members and meeting attendees introduced themselves. • Board members present on the webinar included Drs. Timothy Albertson, Michael Blatt, Lakshmi Dhanvanthari, Jose Dryjanski, Stan Leung, Johanna Liu, Janeen McBride, Robert Mowers, Yana Paulson, Randall Stafford, Marilyn Stebbins, Vic Walker, and Andrew Wong. • Board members absent: None. • DHCS Pharmacy Benefits Division (PBD) staff present on the webinar included Samira Ahantab, PharmD, Pauline Chan, RPh, MBA, David Do, PharmD, Teri Miller, PharmD, Paul Nguyen, PharmD, Emily Schulz, PharmD, and Ivana Thompson, PharmD. • Representatives from other Medi-Cal managed care plans (MCPs) present on the webinar included Matt Aludino (San Francisco Health Plan), PharmD Clarence Chung, PharmD, MBA (Kaiser), Matthew Garrett, PharmD (Health Plan of San Joaquin), Lisa Ghotbi, PharmD (San Francisco Health Plan), Kaitlin Hawkins, PharmD (San Francisco Health Plan), Adam Horn, PharmD (CenCal Health), Amit Khurana, PharmD (Aetna Better Health of California), Helen Lee, PharmD, MBA (Alameda Alliance for Health), Susan Nakahiro, PharmD (Blue Shield of California Promise Health Plan), Jessica Nila, MPH (Health Plan of San Joaquin), Navneet Sachdeva, PharmD (Central California Alliance for Health), Yasuno Sato, PharmD (Central California Alliance for Health), Ankit Shah, PharmD (UnitedHealthcare Community Plan of California, Inc.), Jessica Shost, PharmD (San Francisco Health Plan), Flora Siao, PharmD (California Health & Wellness), Greg Simas, PharmD, MBA (Molina Healthcare of California Partner Plan, Inc.), Ashley Teijelo, PharmD (Community Health Group), Setar Testo, MPH (Health Plan of San Joaquin), Timothy Tong, PharmD (Alameda Alliance for Health), Jimmy Tran, PharmD (Molina Healthcare of California Partner Plan, Inc.), Mimosa Tran, PharmD (Molina Healthcare of California Partner Plan, Inc.), and Bruce Wearda, RPh (Kern Family Heath Care). • Ms. Chan established there was a quorum for this meeting and acknowledged the Executive Order is still in place to allow this meeting to be held in a virtual format until permitted otherwise. Ms. Chan shared the following personnel changes with the Board: 1) Will Lightbourne was appointed as DHCS Director in June 2020, 2) the Pharmacy Operations Branch is now known as the Pharmacy Clinical Operations Section and Dr. Thompson is now Chief of Clinical Operations, and 3) Melanie Larkin, PharmD, MPH from DXC Technologies, Inc. will be running the meeting today. Ms. Chan then shared she has been reassigned for six months in order to support the coronavirus disease 2019 (COVID-19) pandemic case investigation and contact tracing efforts for Sacramento County Health. Ms. Chan stated she will return to her Pharmacy Benefits Division position in February 2021 and thanked Dr. Schulz for taking over her DUR program responsibilities.
2) CALL TO ORDER/ GUIDELINES/ ROBERT'S RULES	The Chair of the Board, Dr. Timothy Albertson, called the meeting to order. Dr. Albertson reviewed the general meeting guidelines and stated that everyone should have the mindset to be courteous, respectful, and open-minded. Dr. Albertson then provided a brief summary of Robert's Rules of Order.

3) REVIEW AND APPROVAL OF PREVIOUS MINUTES FROM MAY 19, 2020	The Board reviewed the minutes from the Board meeting held on May 19, 2020. Edits received from Dr. Wong were reviewed. Dr. Stebbins motioned that the minutes be approved with these edits incorporated. The motion was seconded. There was no discussion. The Board voted to approve the minutes. **AYE:** Albertson, Blatt, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, and Wong **NAY:** None **ABSTAIN:** None **ABSENT:** None **ACTION ITEM**: Post the May 19, 2020 minutes to the DUR website.
4) OLD BUSINESS	**a.** Review of Board Action Item from May 19, 2020: Provide input in the development of the All Plan Letter (APL) involving managed care plan (MCP) activities of care coordination, medication adherence, and fraud, waste and abuse (FWA) – Drs. Paulson and Leung have volunteered to present a summary of discussions from the Medi-Cal Rx MCP Workgroup meeting on July 15, 2020. **b.** Recommended Action Items for MCPs from May 19, 2020: Ms. Chan presented the recommended action items for MCPs from the Board meeting held on May 19, 2020. Recommendations are separated into two categories: required action items and suggested action items. **c.** FFY 2019 DUR Annual Report: MCO Summary – Ms. Chan provided a question-by-question summary of the MCO answers on the FFY 2019 DUR annual report to CMS. Ms. Chan thanked all of the plans for their help in working through this process and stated she appreciated all plans meeting the deadline for submission to DHCS, with many plans turning in their reports early. Dr. Paulson asked if there was any info regarding other states and what they are doing in these areas. Ms. Chan stated that the submission deadline is not until the end of September so information about other states is not yet available. Dr. Stafford asked if both blood sugar strips and devices are included in the high cost drug list. Ms. Chan noted the blood sugar diagnostic category only includes strips, with devices in a different category. Mr. Walker asked why one of the top drugs to require prior authorization was insulin. Ms. Chan noted that this includes all types of insulin, including pens. Dr. Blatt asked how this report will look next year as all of the claims will be with Magellan. Ms. Chan reminded everyone the next report covers FFY 2020, which ends September 30, 2020, so the next report will be similar to this one. **d.** Pharmacy Update: Medi-Cal Rx – Dr. Thompson acknowledged that Drs. Paulson and Leung will also be informing the Board on Medi-Cal Rx today. Dr. Thompson noted that Medi-Cal Rx is still on track to meet the go live date of January 1, 2021. She reported that the Medi-Cal Rx website is now up and functional. While there is not a lot of content available on the website at this time, Dr. Thompson encouraged all providers to visit the website, register for training, and get a login for the portal. She noted that one of the first trainings will be available in the next couple of weeks and will focus on how to lookup claims and prior authorizations. Dr. Thompson shared that many department Medi-Cal Rx policies are being published to the Medi-Cal Rx: Transition webpage on the DHCS Pharmacy Benefits Division website, including the Medi-Cal Rx Pharmacy Transition Policy. She recommended checking the website regularly in the upcoming months as more policies will be posted there. Dr. Thompson also shared that a draft APL has been sent out to the plans for comments. This APL focuses on clarification of the main responsibilities that will stay with managed care plans and what responsibilities will go away. Dr. Thompson noted that the transition policy shared at the previous Board meeting has since been updated and the transition period has been extended from 120 days to 180 days. Stakeholders engaged in talks with the Medical Director and Pharmacy Policy

	Division in order to prioritize continuity and access to care for beneficiaries. Dr. Thompson shared there are also many updates to the Medi-Cal List of Contract Drugs (CDL), including addition of new drugs, removal of restrictions, or adding new doses and strengths for existing drugs. She pointed out that the Board had previously expressed concerns regarding insulin pens and needles not being on the CDL, and now some insulin pens have already been added to the CDL and effective January 1, 2021, needles will be a pharmacy benefit and can be billed on pharmacy claims. For complete information about changes to the CDL, Dr. Thompson suggested going to the Provider Bulletins webpage for access to current and archived Pharmacy bulletins. Dr. Thompson then gave a brief update on where DHCS is with implementation of the recommendations provided in HR6 and reported there will be some upcoming changes to existing policy regarding opioid medications, including the implementation of additional quantity limits and the early refill threshold for opioids will be changed from 75% to 90%. Dr. Thompson noted that a restriction will be added for benzodiazepine and opioid co-prescribing. Dr. Thompson shared that current beneficiaries with concomitant use of benzodiazepines and opioids will be grandfathered and there will be some exceptions made for new starts. Dr. Thompson also reminded the group that opioid-related policies thus far have focused mainly on retrospective DUR but starting January 1, 2021, additional prospective DUR edits will be implemented, including screening for cumulative morphine equivalent daily dose. Dr. Ghotbi asked if the coverage policy will be published, and in what format. Dr. Thompson stated the CDL will not look the same as it currently does. She reported Code 1 restrictions will be noted on the CDL and additional information will be available in the new Provider Manual.
5) NEW BUSINESS	**a.** Global DUR Board Activities i. Medi-Cal Rx Workgroup Update – Dr. Paulson stated that while the California Department of Managed Health Care (DMHC) has not supported the fracturing of the pharmacy benefit, the Governor's order has been assigned and is being implemented. Dr. Paulson noted DHCS doing a yeoman's job getting it done, listening to stakeholders and making accommodations to the best of their abilities. Dr. Paulson reported that the current policy does not have an appeals process and that a lengthy hearing managed by the Department of Social Services is required. Dr. Paulson noted that most pharmacies in the state have been contacted to enroll in Medi-Cal Rx so they can provide services and that the DMHC APL will be out at the end of August. She also reported that the FFS formulary has been compared to managed care plan formularies and the original 20% gap has now been narrowed to 8%. Dr. Paulson then stated that a clinical liaison for each plan will be provided by Magellan to facilitate issues for patients and that plans will be able to look in the system to see the status of a particular prescription. She noted there is an issue regarding the total number of users that DHCS will permit each plan to have and that plans had wanted customer service representatives to have access. DHCS and Magellan are requiring customer service representatives to contact Magellan for assistance. Dr. Paulson reported that a one-time file with 15 months' worth of data (claims and prior authorizations) would be transferred in January, with daily updates to the file thereafter. Dr. Leung summarized the current process for adding drugs to the CDL, sharing that the Medi-Cal Contract Drug Advisory Committee provides recommendations to DHCS on whether or not a drug should be added. Dr. Leung asked if the Board could have a supplemental role on this committee, either by reviewing reports or providing commentary on findings. Mr. Walker asked if there will be a means for managed health care plans to contribute to the CDL process as well. Mr. Walker noted that in previous years there was someone with appointments on both the Medi-Cal Contract Drug Advisory Committee and the Board. Dr. Leung stated that Medi-Cal Contract Drug Advisory Committee representatives are appointed by the DHCS director. Dr. Thompson clarified DUR Board members are also appointed by the DHCS Director.

Dr. Leung pointed out a difference between the CDL and a formulary. Currently, plans can still provide criteria for formularies, including clinical criteria for coverage such as requiring documentation, baseline labs, evaluation by a mental health specialist, etc. With the CDL, medications are added based on their safety, efficacy and rebate component and no specific clinical criteria are included.

Dr. Liu stated she supports Stan's comments and asked when a good time would be for the Board to better understand the prospective process and retrospective DUR reporting. Dr. Albertson noted this will be discussed at future meetings. Dr. Paulson stated that perhaps the Board can request that a DUR Board member be appointed to the Medi-Cal Contract Drug Advisory Committee.

Dr. Stafford shared concerns about the 8% gap noted between the CDL and existing formularies. Dr. Stafford asked to know more about the drugs on that list and to what extent is the 8% related to rebates. Dr. Albertson wondered how an 8% gap could be calculated if there are 26 different plans. Dr. Thompson clarified that DHCS looked at the number of potential prior authorizations had the carveout occurred in February 2020, with the existing CDL. In that scenario, Dr. Thompson shared that approximately 20% of all pharmacy claims would have required a prior authorization. Dr. Thompson stated there was also an effort to identify the gap by specific plan, but to better make the comparison for all plans, an aggregate method was used and provided a solid direction on where to go. The dataset used for the gap analysis was for the calendar year 2019 for all managed health care plans. Dr. Thompson reported that this method helped to identify that a few drugs being added to the CDL would take care of a lot of potential prior authorizations.

Dr. Albertson stated that it seems more like the 8% is a prior authorization gap and not a formulary gap. Dr. Albertson asked what the percentage of pharmacy claims needing prior authorization is for managed care plans currently. Dr. Thompson noted that type of information isn't being collected. Dr. Thompson reported they looked at CDL by therapeutic categories and found for some categories, the coverage was over 99% but there were some categories where plans required prior authorizations and the CDL did not for FFS beneficiaries. Dr. Thompson shared there is an ongoing effort to try to identify outliers and areas where risk to continued access can be anticipated. Ms. Chan noted the 180-day transition period where no prior authorizations will be required for existing medications.

Dr. Stafford motioned to support DUR Board representation on the Medi-Cal Contract Drug Advisory Committee. Mr. Walker requested a voice vote. The motion was seconded. There was no further discussion and the motion was approved.

AYE: Albertson, Blatt, Dhanvanthari, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, and Wong
NAY: None
ABSTAIN: Dryjanski
ABSENT: None

ACTION ITEM: The DUR Board to support DUR Board representation on the Medi-Cal Drug Advisory Committee will be submitted to DHCS.

Mr. Walker stated that while having a Board member on the Medi-Cal Contract Drug Advisory Committee is not a bad idea, the plans also need to have a formal mechanism to propose drugs be added or removed from the CDL. Mr. Walker asked if the state would be willing to listen if a letter was sent with a certain time for a response (i.e., 30 days). He clarified he was not making a motion. Dr. Blatt asked when the Board would receive an answer or follow-up on this motion just approved by the Board. Dr. Thompson stated there was no timeline, but that DHCS reviews all Board recommendations.

ii. DUR Board Vice Chair Elections – Ms. Chan reported that a statement of interest by Dr. Paulson had been received for the position of Vice Chair for 2021. Dr. Paulson read that statement to the Board. Dr. Stebbins motioned to elect Dr. Paulson as DUR Board Vice Chair for 2021. The motion was seconded and there was no further discussion. The motion passed.

AYE: Albertson, Blatt, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, and Wong
NAY: None
ABSTAIN: None
ABSENT: None

ACTION ITEM: The DUR Board recommendation to elect Dr. Yana Paulson as the DUR Board Vice Chair for 2021 will be submitted to DHCS.

iii. Revision: DUR Board Goals 2020 – Dr. Albertson shared the revised Board goals and priorities for 2020. Dr. Albertson noted that some of the original topics like the asthma affinity group were removed due to the impact of COVID-19 on national efforts. Dr. Wong noted that chronic disease management had been addressed this year and would like to continue to include it with the Board goals. Ms. Fingado clarified these are just the revised goals for the remainder of 2020, and that Dr. Liu would work with the Board and DHCS to develop goals for 2021 and beyond.

iv. Whole Person Management – Dr. Stafford stated he thought it might be valuable to start with a look at health care from the 30,000-foot level, noting that an early investment in prevention can push mortality until later instead of having to spend such a high proportion of health care dollars during the last years of life. Dr. Stafford reported that compared to other countries, we spend the most per capita and rank far lower in many measures of health outcomes. Dr. Stafford requested that the Board think of ways that can we move Medi-Cal from a sick care system to a health care system.

Dr. Blatt agreed that if the plans are responsible for adherence, disease management, and fraud, waste and abuse, the Board should be prescriptive, in order to not end up with huge disparities between services that plans offer to beneficiaries. Dr. Blatt stated that without rules and guidelines, some plans may have to cut corners due to budgetary cuts and there may be discrepancies between plans regarding chronic disease management, medication therapy management (MTM), and other important services. Dr. Blatt referred to the MCO summary report for FFY 2018, which showed only five plans performing MTM.

Dr. Paulson agreed and noted the Board has an opportunity now to make recommendations to DHCS for a minimum level of services for which the managed care plans should be responsible. Dr. Paulson stated that instructions or recommendations from DHCS to earmark funds for clinical pharmacy services would be helpful. She noted that perhaps DHCS expectations could nudge plans into committing to provide certain services. Dr. Stafford stated that instead of waiting for policies to be enacted and waiting until months later to determine the impact, the Board should be giving suggestions in advance. Dr. Albertson asked if it was possible for Medi-Cal to require pharmacy clinical management for payment. Ms. Chan stated this was a great question that could be brought to DHCS upper management. Ms. Chan agreed that MTM is one of the most researched and proven interventions to improve quality of care.

Dr. Paulson noted that while providing comments and suggestions on the APL is one avenue to provide feedback, she would like to see the Board make stronger recommendations to DHCS for MTM therapy to be either mandated or strongly recommended. Dr. Blatt agreed that he would prefer making a motion in addition to providing input into the APL. Ms. Chan stated that care coordination and MTM are

both broad topics and she agrees that the focus thus far by DHCS has been on the CDL. Dr. Blatt suggested the motion should be to have active participation on development of APLs or other committees. Dr. Paulson noted she would also like to see a stronger recommendation made for implementation of MTM and other clinical services. Dr. Paulson mentioned that once funding/payment was provided by Medicare for MTM, plans were able to take action. She feels something similar to this is needed for Medi-Cal. Dr. Albertson asked for a stronger, more directed proposal. Dr Blatt stated there needs to be separate APL developed that addresses clinical services. Dr. Paulson motioned that the Board recommend that DHCS convene a workgroup to design an MTM program similar to what is required in 18 other US states, in order to address care and support of Medi-Cal beneficiaries. Dr. Blatt seconded the motion. There was no further discussion. The motion passed.

AYE: Albertson, Blatt, Dhanvanthari, Dryjanski, Leung, Liu, McBride, Mowers, Paulson, Stafford, Stebbins, Walker, and Wong
NAY: None
ABSTAIN: None
ABSENT: None

ACTION ITEM: The DUR Board recommendation to convene a workgroup to design an MTM program similar to what is required in 18 other US states, in order to address care and support of Medi-Cal beneficiaries will be submitted to DHCS.

b. Health Plan Presentation by Health Plan of San Joaquin (HPSJ) – Smoking Cessation: Jessica Nila, MPH (Health Education Specialist) and Matthew Garrett, PharmD (Director, Pharmacy) from HPSJ shared details of their smoking cessation program. Ms. Nila provided an overview of how Dr. Garrett's pharmacy team integrated into the health education team at HPSJ to focus on tobacco cessation support and collaboration. Ms. Nila stated that while the program has been up and running for some time, the collaboration with the pharmacy group has been highly beneficial to the program, especially with improvements in educational content.

Dr. Garret then described several components of the comprehensive smoking cessation program, including the Atherosclerotic Cardiovascular Disease (ASCVD) Prevention Program, the HPSJ Pharmacy Cognitive Services Compensation Program, and a collaboration with the state-funded CA Quits program.

c. UCSF Update

i. Review of DUR Publications presented by Dr. Lynch

- Dr. Lynch let the Board know that the DUR educational alert entitled, Clinical Guideline: Reproductive Health in Rheumatic and Musculoskeletal Diseases, published in May 2020.
- Dr. Lynch let the Board know that the DUR educational bulletin entitled, Clinical Review: 2020 Standards of Care for Treatment of Type 2 Diabetes, published in August 2020.
- Discussion/recommendations for future educational bulletins – The calendar for future DUR educational bulletins was reviewed. There were no changes suggested.

ii. DUR Educational Outreach to Providers

- Update: Fluoroquinolones and UTI Letter – Ms. Fingado provided a mailing update regarding an educational outreach letter that aimed to inform health care providers about the risks associated with fluoroquinolones and to offer health care providers alternate treatment options for uncomplicated UTI. She reported that letters were mailed on July 10, 2020, to a total of 136 prescribers of fluoroquinolones for an uncomplicated UTI to at least two community-dwelling Medi-Cal FFS beneficiaries without documented allergies to other antibiotic medications or treatment failures since January 1, 2020. Each prescriber was sent a letter that included the Medi-Cal DUR bulletin on fluoroquinolones and a

provider survey. Ms. Fingado stated that final outcomes would be presented at the Board meeting in May of 2021 and stated the primary outcome is the total fluoroquinolones prescribed to community-dwelling patients for uncomplicated UTI within 6 months following the mailing. The secondary outcome is the total trimethoprim/sulfamethoxazole and nitrofurantoin monohydrate/macrocrystals prescribed to community-dwelling patients for uncomplicated UTI within 6 months following the mailing. Ms. Fingado noted that the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well.

- Update: Concomitant Use of Gabapentin and Opioids Letter – Ms. Fingado provided a mailing update regarding the educational outreach letter that aimed to inform health care providers about the risks associated with concomitant use of gabapentin with opioids. She reported that letters were sent on July 10, 2020, to 242 prescribers that prescribed concomitant gabapentin and opioids to at least two Medi-Cal FFS beneficiaries since January 1, 2020. For the purposes of this mailing, concomitant prescriptions were defined as paid claims filled at the same pharmacy on the same day prescribed by the same prescriber. Each prescriber was sent a letter that included the Medi-Cal DUR bulletin on gabapentin and a provider survey. She stated that final outcomes would be presented at the Board meeting in May of 2021 and noted that the primary outcome is total concomitant paid claims for gabapentin and opioids within 6 months following the mailing. Secondary outcomes include the total paid claims for gabapentin and naloxone within 6 months following the mailing. Ms. Fingado noted that the final response rate and undeliverable rate (within 90 days of mailing) would be reported at that time as well.

- Ms. Fingado shared the list of approved educational outreach topics, including those that are in progress. There was no discussion.

iii. Prospective DUR: Fee-for-Service

- Review of DUR Alerts for New Generic Code Numbers (GCNs) in 2Q2020 (April – June 2020): At each Board meeting, a list of new GCN additions with prospective DUR alerts turned on other than DD, ER, and PG are provided to the Board for review. At this meeting, the Board reviewed the alert profiles for the following drugs:
  - ACETAMINOPHEN/DEXTROMETHORPHAN – Ingredient Duplication (ID), High Dose (HD)
  - AMANTADINE HCL – High Dose (HD), Low Dose (LD)
  - CENOBAMATE – Drug-Allergy (DA), Late Refill (LR), Additive Toxicity (AT), Drug Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - DIFLOCENAC EPOLAMINE – Drug-Allergy (DA), Drug-Disease (MC) Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - DIFLOCENAC/MENTHOL/TAPE – Drug-Allergy (DA), Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
  - DIPHENYDRAM/PE/DM/ACETAMIN/GG – Ingredient Duplication (ID), High Dose (HD)
  - DM/PE/ACETAMINOPHEN/CHLORPHENR – Ingredient Duplication (ID), High Dose (HD)
  - DOLUTEGRAVIR SODIUM –Ingredient Duplication (ID)
  - DOXYLAM/DM/ACETAMINOPHIN/GG – Ingredient Duplication (ID), High Dose (HD)
  - ELAGOLIX/ESTRADIOL/NORETHINDRN – Drug-Disease (MC), Therapeutic Duplication (TD), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)

- GABAPENTIN/LIDO/PRILO/DRESSING – Drug-Allergy (DA), Late Refill (LR), Additive Toxicity (AT), Ingredient Duplication (ID), High Dose (HD), Low Dose (LD)
- HYDROMORPHONE HCL/PF – Additive Toxicity (AT)
- LEMBOREXANT – Additive Toxicity (AT)
- PHENYLEPHRINE/DM/ACETAMINOP/GG – Ingredient Duplication (ID), High Dose (HD)
- TRIPROLID/PHENYLEPH/DM/ACETAM – Ingredient Duplication (ID), High Dose (HD)
- TRIPROLIDINE/DM/ACETAMINOPH/GG – Ingredient Duplication (ID), High Dose (HD)
- TRIPROLIDINE/DM/ACETAMINOPHEN – Ingredient Duplication (ID), High Dose (HD)
- TRIRPOLIDINE/PE/ACETAMIN/GG – Ingredient Duplication (ID), High Dose (HD)

There were no questions or objections to these alert profile recommendations. There was no further discussion.

iv. Retrospective DUR

- Global Quarterly: 1Q2020 (January – March 2020) – Ms. Fingado presented the Global Quarterly Medi-Cal DUR report for 1Q2020. This quarterly report contains all pharmacy utilization data for the Medi-Cal program. Utilization data are presented in aggregate, and then stratified by FFS or MCP enrollment status and the following population aid code groups:
  - Affordable Care Act (ACA)
  - Optional Targeted Low-income Children (OTLIC)
  - Seniors and Persons with Disabilities (SPD)
  - All other aid codes not categorized as ACA, OTLIC, or SPD (OTHER)

  Ms. Fingado noted that confirmed influenza cases peaked in California during January and February of 2020. However, there was also an uptick of cases of influenza-like illness beginning in March that might reflect more people seeking care for respiratory illness than usual at this time, including possibly seeking care for COVID-19. The Board recommended no changes to the report template and there was no additional discussion.

- FFS Quarterly Report: 2Q2020 (April – June 2020) – Ms. Fingado presented the Medi-Cal fee-for-service quarterly DUR report for the 2nd quarter of 2020, which includes both prospective and retrospective DUR data. This quarterly report contains fee-for-service pharmacy utilization data presented in aggregate, and then stratified by Medi-Cal FFS enrollees only and by Medi-Cal managed care plan (MCP) enrollees only. This report includes all carved-out drugs processed through the FFS program. Ms. Fingado noted that 13% of eligible Medi-Cal FFS enrollees had a paid claim through the Medi-Cal fee-for-service program, compared with only 2% of Medi-Cal MCP enrollees. Ms. Fingado also pointed out that paid claims for hydroxychloroquine sulfate increased by 11% compared to the prior quarter and increased by 15% compared to the prior-year quarter. Ms. Fingado noted that restrictions to use for hydroxychloroquine sulfate as a treatment for COVID-19 became effective June 19, 2020, in response to the U.S. Food and Drug Administration (FDA) revocation of the emergency use authorization.

- Review of Physician Administered Drugs (PADs): 2019 – Ms. Fingado shared a summary of paid claims for physician-administered drugs for the calendar year of 2019. Ms. Fingado noted this report now includes only certified-eligible FFS enrollees and excludes FPACT enrollees, which may have presumptive eligibility and includes coverage for a limited number of drugs. This was done because PADS data were skewed to FPACT beneficiaries and their limited formulary.

	These data were presented in three tables: 1) the top 20 drugs by total reimbursement paid to pharmacies, 2) the top 20 drugs by utilizing beneficiaries, and 3) the top 20 drugs by reimbursement paid to pharmacies per utilizing beneficiary. • Quarterly Evaluation Report: 2Q2020 (April – June 2020) – Ms. Fingado reminded the Board that quarterly evaluation reports have replaced the biennial report, which was due to be presented in February 2021. Ms. Fingado then presented a summary of the report published in the 2nd quarter of 2020, which covered the following six educational articles published during the 4th quarter of 2017 and 1st quarter of 2018: ○ Drug Safety Communication: New Age Limit for Opioid Cough and Cold Medicines – February 2018 ○ In the Pharmacy: Pharmacists Furnishing Nicotine Replacement Products – March 2018 Ms. Fingado reported that the Board previously acknowledged a mailing targeted to dentists who prescribed codeine to children and adolescents may be effective, especially when accompanied by American Academy of Pediatric Dentistry (AAPD) guidelines for pain management. She noted this was in progress and a mailing update would be presented at the next Board meeting. Ms. Fingado also shared the results of the nicotine replacement therapy (NRT) evaluation, which showed while overall NRT use in the Medi-Cal population increased by 14.1%, the percentage with pharmacist-furnished NRT stayed at 1.2%. However, the percentage with pharmacist furnished NRT combination therapy was higher than among non-pharmacists, suggesting there may be opportunities for provider education regarding benefits of combination NRT therapy. Ms. Fingado stated that if there were no objections, the DUR Program would continue to monitor and promote the use of NRT products within the Medi-Cal population, consider educational outreach to learn more about the barriers to pharmacist furnishing of NRT in California, as well as facilitators present in pharmacy practices that are successful at furnishing NRT, and collaborate with MCOs to develop and implement best practices for smoking cessation in the Medi-Cal FFS population. There were no objections to this course of action and no further discussion on the evaluation report. • Website Updates – Ms. Fingado reported that the old version of the DUR manual was retired and has been replaced with the About DUR webpage. This webpage includes updated information about the following DUR topics: ○ Prospective DUR ○ Retrospective DUR ○ Educational Outreach ○ Alert Criteria **d**. Looking Ahead: Ms. Chan called for any future meeting agenda topics to be sent to DHCS.
6) PUBLIC COMMENTS	• There were no public comments.
7) CONSENT AGENDA	• The next Board meeting will be held from 9:30 a.m. to 3:00 p.m. on November 17, 2020, in the DHCS 1st Floor Conference Room located at 1700 K Street, Sacramento, CA 95814. Ms. Chan stated that a decision about whether to hold this meeting in person or exclusively via webinar has not yet been made at this time.
8) ADJOURNMENT	• The meeting was adjourned at 12:37 p.m.

Action Items	Ownership
Incorporate edits from Dr. Wong into the May 19, 2020, Board meeting minutes and post to the DUR website.	Amanda
The DUR Board recommendation to support DUR Board representation on the Medi-Cal Drug Advisory Committee will be submitted to DHCS.	DHCS
The DUR Board recommendation to elect Dr. Yana Paulson as the DUR Board Vice Chair for 2021 will be submitted to DHCS.	DHCS
The DUR Board recommendation to convene a workgroup to design an MTM program similar to what is required in 18 other US states, in order to address care and support of Medi-Cal beneficiaries will be submitted to DHCS.	DHCS

Board Action Items from September 15, 2020

- The Board recommends DHCS support DUR Board representation on the Medi-Cal Drug Advisory Committee (MCDAC) committee.
  - Recommendation has been acknowledged by DHCS.
- The Board recommends convening a workgroup to design an MTM program similar to what is required in 18 other US states, in order to address care and support of Medi-Cal beneficiaries.
  - Recommendation has been acknowledged by DHCS.

GLOBAL MEDI-CAL DRUG USE REVIEW BOARD
September 15, 2020 BOARD MEETING MCP ACTIONS

MCP: _____

Name of DUR representative: _____Attended meeting? Yes ___ No ___

Reminders

- MCPs are required to ensure representation and participation at Global Medi-Cal DUR Board meetings, either in-person or via webinar. Refer to the Global Medi-Cal DUR Board bylaws for the attendance requirements for Global Medi-Cal DUR Board members
- MCPs are required to have a process for distribution of provider education programs and materials developed by Global Medi-Cal DUR Board to their providers

Summary of Required Actions

I. Educational Bulletins: MCP to have a process for distribution of provider education programs and materials developed by Global DUR Board to their providers via established mechanisms.

Required dissemination of DUR educational bulletins and alerts		
Description	**Mechanism of Dissemination**	**Date of Dissemination**
Alert (May 2020): Clinical Guideline: Reproductive Health in Rheumatic and Musculoskeletal Diseases		
Bulletin (August 2020): Clinical Review: 2020 Standards of Care for Treatment of Type 2 Diabetes		

Summary of Global Medi-Cal DUR Board Activities
(not required to document on the Annual Report to CMS)

1. **Review the MCO Summary for the FFY 2019 Annual Report to CMS.**

   Actions:
   a. Review at MCP's P&T/DUR Committee
   b. Compare individual MCP annual report to the summary and review for ideas and possible opportunities for change.

2. **Review list of approved topics for retrospective DUR reviews, educational bulletins and alerts, and educational outreach letters to providers/pharmacies.**

   Actions:
   a. Discuss and prioritize topics at MCP's P&T/DUR Committee
   b. Share information at next board meetings

3. **Review Board Actions and Recommendations from the September 15, 2020 DUR Board Meeting (see "Action Items" found in the last section of the meeting minutes).**

   Actions:
   a. Discuss the actions and recommendations at the MCP's P&T/DUR meeting.
   b. Consider offering feedback at future DUR board meetings

Pharmacy Update Topics:

Medi-Cal Rx
H.R. 6

Ivana Thompson, PharmD
Pharmacy Benefits Division
November 17, 2020

L.A. Care HEALTH PLAN
For All of L.A.

Medi-Cal Rx Advisory Workgroup: Global Medi-Cal DUR Board Update

Medi-Cal DUR

Global Medi-Cal DUR Board Member
Yana Paulson, Pharm.D.
November 17, 2020

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

UCSF School of Pharmacy

Global Medi-Cal DUR Updates: Q3 2020

Amanda R. Fingado, MPH
Senior Epidemiologist/Statistician
Department of Clinical Pharmacy

Shal Lynch, PharmD, CGP
Health Sciences Associate Clinical Professor
Department of Clinical Pharmacy

Topics for Discussion

- Fee-for-Service Prospective DUR: New GCNs Q2 2020
- Educational Outreach
  - Final Outcomes: Codeine
  - Final Outcomes: Tramadol
  - Final Outcomes: Zolpidem

Topics for Discussion (cont.)

- Retrospective DUR
  - New Additions to the Medi-Cal List of Contract Drugs: FFY2019
  - Psychotropic Medication Use in Children and Adolescents
  - Global Quarterly Report: 2Q2020 (April – June 2020)
  - FFS Quarterly Report: 3Q2020 (July – September 2020)
  - Evaluation Report: 3Q2020 (July – September 2020)
- Publications
  - September 2020: Immunization Update Bulletin
  - October 2020: Benzodiazepine Alert

New GCN Alert Profiles

Background

- Each week new Generic Code Numbers (GCNs) are added
- Overutilization (ER), Drug-Pregnancy (PG) and Drug-Drug Interactions (DD) alerts are automatically turned on for all new GCNs
- New GCNs are reviewed weekly for additional alerts
- New GCNs with alerts turned on other than ER, PG, and DD are provided at each Board meeting for review

Updated Alerts: Q3 2020 Target Drugs

Drug Description	Alerts Turned On
CYCLOBENZAPRINE/LIDOCAIN/MENTH	AT
DICLOFENAC/MENTHOL/CAMPHOR	DA, MC, TD, ID,HD, LD
ETANERCEPT	DA, MC, TD, LR
GABAPEN/LIDOCAINE/GAUZE/SILCON	DA, LR, AT, ID, HD, LD
GABAPENTIN/LIDOCAINE	DA, LR, AT, ID, HD, LD
GABAPENTIN/LIDOCAINE/SILICONE	DA, LR, AT, ID, HD, LD
LEVAMLODIPINE MALEATE	MC, TD, LR, ID, HD, LD
LEVONORGESTREL/ETHIN.ESTRADIOL	MC, TD, ID, HD, LD
METOCLOPRAMIDE HCL	TD, ID,HD, LD
SODIUM,CALCIUM,MAG,POT OXYBATE	AT

DA	Drug-Allergy
MC	Drug-Disease
TD	Therapeutic Duplication
LR	Late Refill
AT	Additive Toxicity
ID	Ingredient Duplication
PA	Drug-Age
HD	High Dose
LD	Low Dose

Board questions/recommendations?

Background: Codeine/Tramadol Letters

- April 20, 2017: FDA adds *Contraindication* to the labels of all prescription medications containing codeine and tramadol
  - Neither should be used to treat pain or cough in children < 12 due to risk of serious side effects, including death
  - Use should be limited in adolescents between 12 – 18 years of age
- January 11, 2018: FDA restricts prescription opioid cough and cold medicines for patients <18 years

Background: Codeine/Tramadol (cont.)

- Original proposal to Board suggested mailing letters to all providers who prescribed tramadol and/or codeine to Medi-Cal FFS beneficiaries < 18 years of age (dates of service from January 1, 2019, through June 30, 2019)
  - Only one provider prescribed both tramadol and codeine to beneficiaries < 18 years of age
  - Decided to split letter into two letters; one for tramadol prescribers and one for codeine prescribers

Objectives: Codeine Letter

- To inform health care providers of the serious risks attributed to prescribing codeine to patients < 18 years

Methods: Codeine Letter

- A total of 313 letters were mailed on August 1, 2019
  - 36% (n = 113) prescribers were dentists and 53% (n = 29) of prescribers with more than one patient profile were dentists
  - Represented 450 beneficiaries
- Letters included DUR article, patient profiles, provider survey

Final Outcomes: Codeine Letter

- Total beneficiaries < 18 years of age with paid claim for codeine within the 12 months following the mailing:
  - 131 beneficiaries (81% decrease)
  - 50 prescribers (84% decrease), including 100% of providers where the letter was undeliverable prescribed codeine to < 18 years of age
  - Same time period to account for seasonal variation (1/1/20-6/30/20)
  - Due to pandemic, data were reviewed 6 months prior as well and found similar numbers (68 prescribers to 141 beneficiaries)
- Response rate = 22% and undeliverable mail rate = 2%

Objectives: Tramadol Letter

- To inform health care providers of the serious risks attributed to prescribing tramadol to patients < 18 years

Methods: Tramadol Letter

- A total of 44 letters were mailed on July 29, 2019
  - Represented 40 beneficiaries (65% were 17 years of age)
- Letters included DUR article, patient profiles, provider survey

Final Outcomes: Tramadol Letter

- Total beneficiaries < 18 years of age with a paid claim for tramadol within 12 months following the mailing:
  - 0 beneficiaries + 0 prescribers
  - Same time period to account for seasonal variation (1/1/20-6/30/20)
- Response rate = 18% and undeliverable mail rate = 0%

Board questions/recommendations?

Background: Zolpidem Letter

- FDA recommends lower initial doses of zolpidem in females due to lower clearance rates leading to higher concentrations and increased risk for next-day impairment and other adverse events.
  - Recommended initial dose of immediate-release zolpidem products is 5 mg for women and either 5 mg/10 mg for men
  - Recommended initial dose of extended-release zolpidem products is 6.25 mg for women and either 6.25/12.5 mg for men

Objective: Zolpidem Letter

- To determine whether there was inappropriate use of zolpidem products based on FDA warnings that female patients have lower clearance rates than males.

Methods: Zolpidem Letter

- Letters were mailed on August 20, 2019, to the top 96 prescribers of zolpidem to Medi-Cal FFS beneficiaries
- Letters included DUR article, provider survey, and the following provider-specific data:
  - % of female Medi-Cal beneficiaries with an initial dose of zolpidem exceeding the recommended initial dosage limits
  - % of female Medi-Cal beneficiaries with initial dose of IR zolpidem > 5 mg
  - % of female Medi-Cal beneficiaries with initial dose of ER zolpidem > 6.25 mg
  - 100 day lookback considered to identify an initial dose

Outcomes: Zolpidem Letter

- Provider-specific percentages of initial zolpidem prescriptions exceeding the recommended initial dosage limits, stratified by female gender within 12 months following the mailing:
  - 26% of initial zolpidem prescriptions to females exceeded the recommended initial dosage limits
  - Before the mailing, 52% of initial zolpidem prescriptions exceeded the recommended initial dosage limits (in aggregate across the 96 providers)

Outcomes: Zolpidem Letter (cont.)

- Total initial zolpidem prescriptions to females exceeding the recommended initial dosage limits within 12 months following the mailing:
  - 292 initial zolpidem prescriptions to females
  - 76% decrease from the 1,195 initial prescriptions identified in the mailing
- 11 providers (11%) did not prescribe any initial zolpidem following the mailing
- Response rate = 23% and undeliverable mail rate = 1%

Board questions/recommendations?

Future Educational Outreach Topics

DUR Educational Outreach to Pharmacies/Providers

- Opioid prescribing by dentist (in progress)
- Oseltamivir or zanamivir paid claims + influenza vaccine
- Statin use with cardiovascular disease
- Chronic use of PPIs
- Chronic use of temazepam/zolpidem
- Tapering of opioids/buprenorphine

Board questions/recommendations? 5

FFS CDL Adds (FFY 2019) – Background

- Each month there are usually modifications made to the Medi-Cal Fee-for-Service Contract Drugs List (CDL), including the addition of new drugs

FFS CDL Adds (FFY 2019) – Objective

Objective

- To evaluate utilization patterns for drugs added to the CDL, in order to identify potential drug problems and/or areas where additional review is warranted

This evaluation is completed on an annual basis, with results presented each year at the November DUR Board meeting

FFS CDL Adds (FFY 2019) – Methods

Methods

- During the Federal Fiscal Year 2019 (between 10/1/18 and 9/30/19), there were a total of 26 new prescription medications added to the CDL
- Utilization data were reviewed for each drug between 1/1/18 and 08/31/20

FFS CDL Adds (FFY 2019) – Drugs

Date Added	Drug*
1-Oct-18	BINIMETINIB
1-Oct-18	CEMIPLIMAB-RWLC
1-Oct-18	ENCORAFENIB
15-Oct-18	DACOMITINIB
25-Oct-18	DUVELISIB
29-Oct-18	TALAZOPARIB
31-Oct-18	MOXETUMOMAB PASUDOTOX-TDFK
19-Nov-18	LORLATINIB
5-Dec-18	GILTERITINIB
10-Dec-18	GLASDEGIB
1-Jan-19	NALOXEGOL OXALATE
1-Jan-19	NETARSUDIL
1-Apr-19	LAROTRECTINIB
1-Apr-19	TRASTUZUMAB AND HYALURONIDASE-OYSK
25-Apr-19	ERDAFITINIB
1-May-19	SECNIDAZOLE
11-Jun-19	POLATUZUMAB VEDOTIN-PIIQ
1-Jul-19	ALPELISIB
5-Aug-19	DAROLUTAMIDE
19-Aug-19	ENTRECTINIB

Drugs without graphical representations due to low utilization (< 20 utilizing beneficiaries each month)

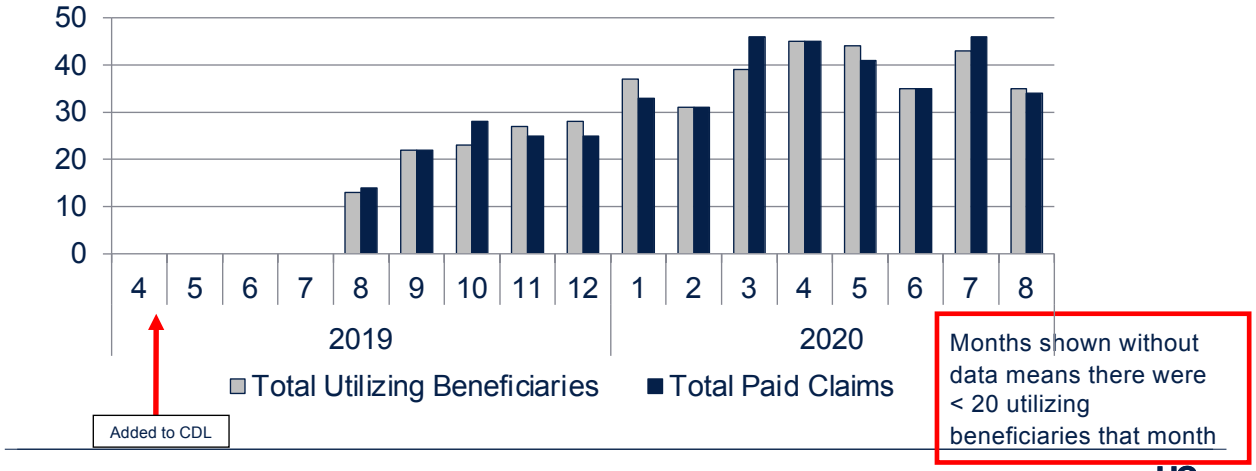
FFS CDL Adds (FFY 2019) – Drugs (cont.)

Drugs with graphical representations due to higher utilization

Date Added	Drug*	Drug Therapeutic Category
23-Apr-19	DOLUTEGRAVIR/LAMIVUDINE	ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.
1-May-19	CETIRIZINE HCL	ANTIHISTAMINES - 2ND GENERATION
1-May-19	ERGOCALCIFEROL	VITAMIN D PREPARATIONS
1-May-19	OMEPRAZOLE	PROTON-PUMP INHIBITORS
1-Jul-19	ACAMPROSATE CALCIUM	ANTI-ALCOHOLIC PREPARATIONS
1-Sep-19	LIDOCAINE	TOPICAL LOCAL ANESTHETICS

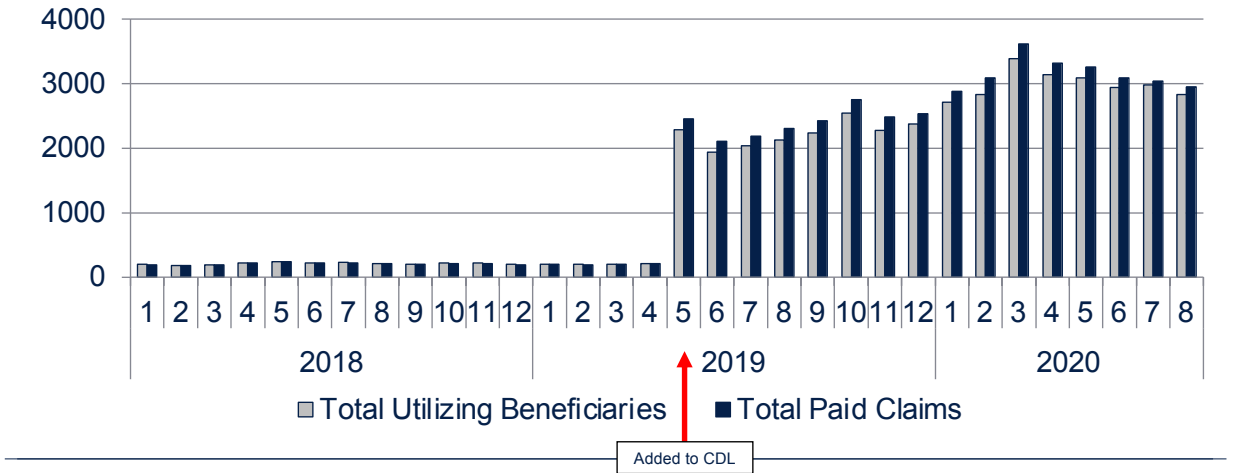
FFS CDL Adds (FFY 2019) – Figure 1

DOLUTEGRAVIR/LAMIVUDINE (added 4/23/2019)



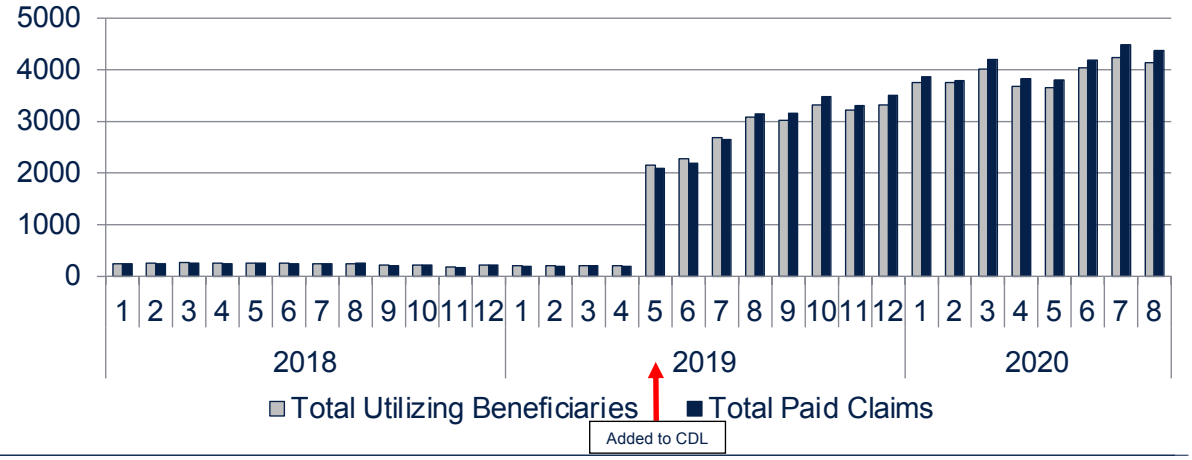
FFS CDL Adds (FFY 2019) – Figure 2

CETIRIZINE HCL (added 5/1/2019)



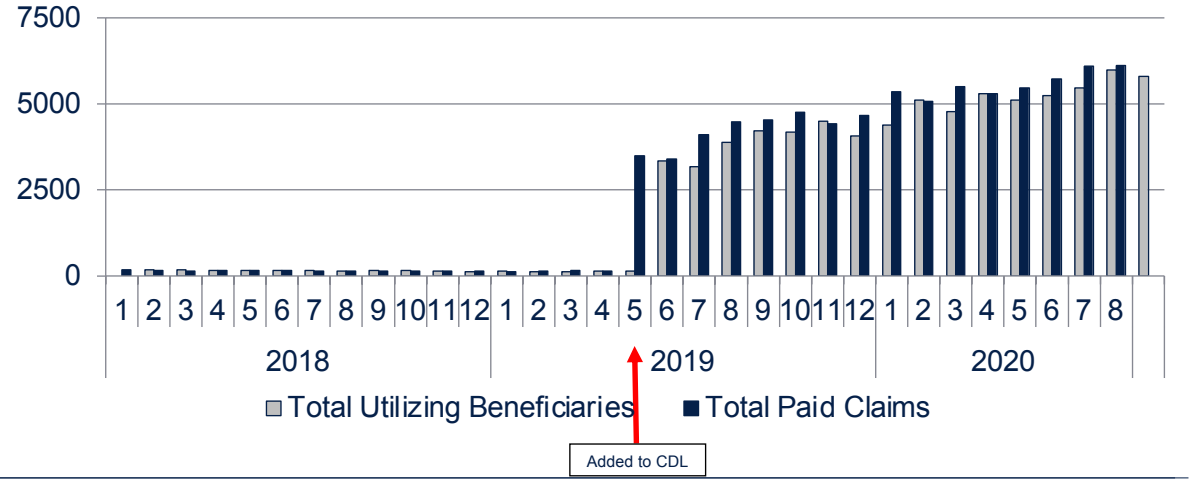
FFS CDL Adds (FFY 2019) – Figure 3

ERGOCALCIFEROL (added 5/1/2019)



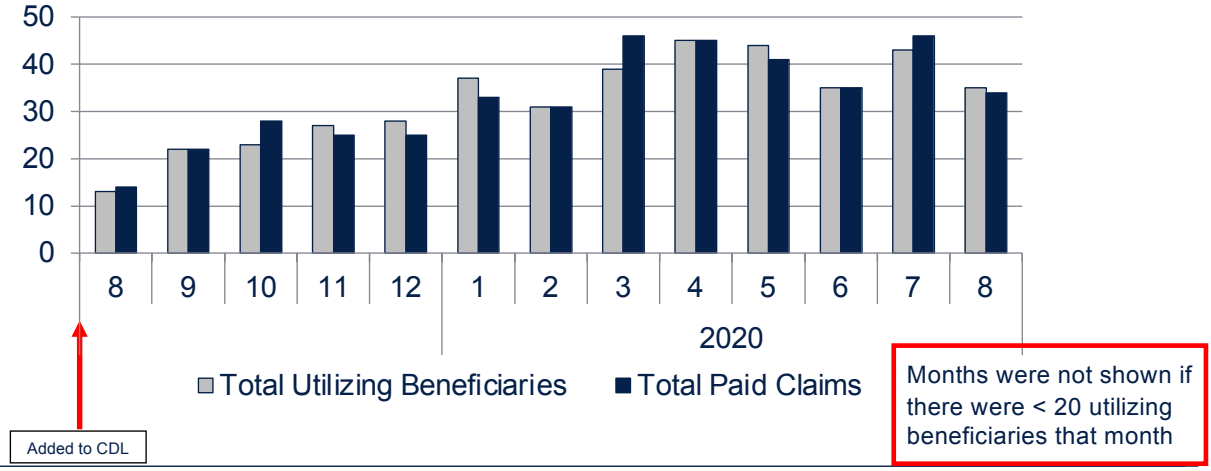
FFS CDL Adds (FFY 2019) – Figure 4

OMEPRAZOLE (added 5/1/2019)



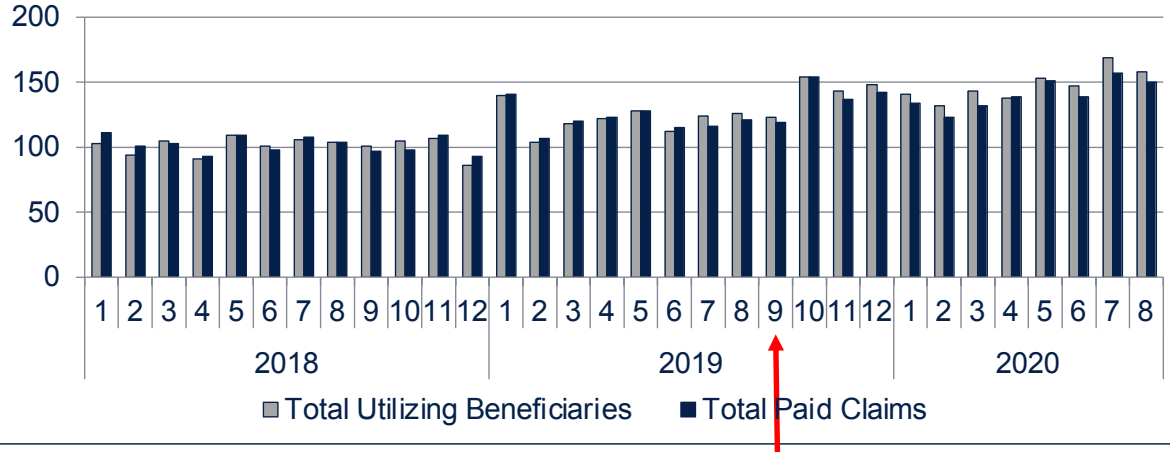
FFS CDL Adds (FFY 2019) – Figure 5

ACAMPROSATE CALCIUM (added 7/1/2019)



FFS CDL Adds (FFY 2019) – Figure 6

LIDOCAINE (added 9/1/2019)



Board questions/recommendations? 8

UCSF

Psychotropic Medication Use in Children and Adolescents: Background - 1

Medi-Cal Pharmacy Policy

- An approved *Treatment Authorization Request* (TAR) is required for non-FDA approved indications
- June 1, 2006 – approved TAR is required for antipsychotic medications for children < 6 years of age
- May 1, 2012 – Medi-Cal beneficiaries between 6 – 17 years of age are restricted to the use of one antipsychotic except during titration period and concurrent use of two or more antipsychotics requires an approved TAR
- October 1, 2014 – Medi-Cal beneficiaries between 0 – 17 years of age require an approved TAR for **any** antipsychotic medication

UCSF

UCSF

Psychotropic Medication Use in Children and Adolescents: Background - 2

Two New Measures Included with HEDIS® 2015:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): the percentage of children/adolescents with ongoing use of antipsychotic medications who had metabolic testing during the measurement year
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): the percentage of children/adolescents who were taking two or more concurrent antipsychotics for at least 90 days during the measurement year

Psychotropic Medication Use in Children and Adolescents (FFS): Background - 3

Medi-Cal fee-for-service population	Article data: 10/01/13 – 09/30/14	Policy impact data: 01/01/15 – 12/31/15	Biennial review data: 10/01/17 – 09/30/18	% change
Beneficiaries with two or more paid claims for antipsychotic medications	**6,013**	**3,717**	**2,442**	**-59.4%**
APM: % with at least one test for both blood glucose/HbA1C and LDL- C/cholesterol	37.4%	38.9%	53.6%	16.2%
Beneficiaries with at least 90 consecutive days of antipsychotic medication treatment	**5,375**	**3,445**	**2,017**	**-62.4%**
APC: % taking two or more concurrent antipsychotics for at least 90 days	5.7%	6.6%	6.0%	0.3%

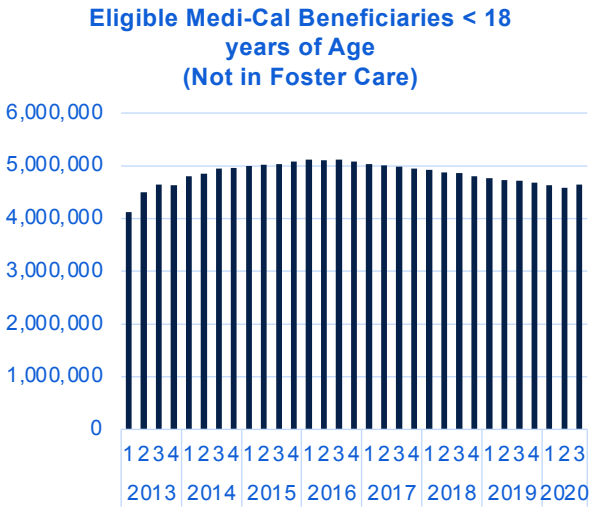
Psychotropics < 18 Years: Objectives

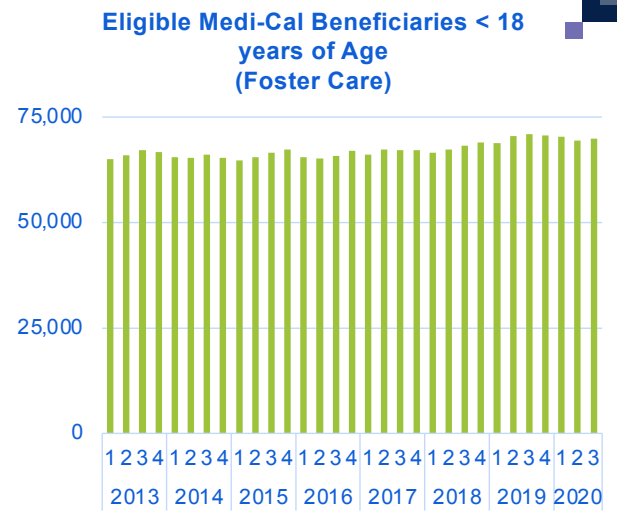
- To evaluate all psychotropic medication use over time among children and adolescents under 18 years of age, not just antipsychotic medications
- To determine if use of psychotropic medications in children and adolescents is different when stratified by the following:
  - Children in foster care vs. children not in foster care
  - Medi-Cal FFS vs. Medi-Cal Managed Care

Psychotropics < 18 Years: Methods

- All Medi-Cal pharmacy claims data for any psychotropic medication between January 1, 2013 (2013Q1) and June 30, 2020 (2020Q2) with an age of service date < 18 years of age
  - Seven quarters of data prior to the October 1, 2014 TAR policy
  - 33 drug therapeutic categories were combined into five classes
  - Dual-eligible (Medi/Medi) beneficiaries were excluded
- Foster care status was determined using Aid Codes
  - Due to small sample sizes, Aid Codes were reviewed and stratified into an aggregate classification (foster care or non-foster care)

Medi-Cal Population < 18

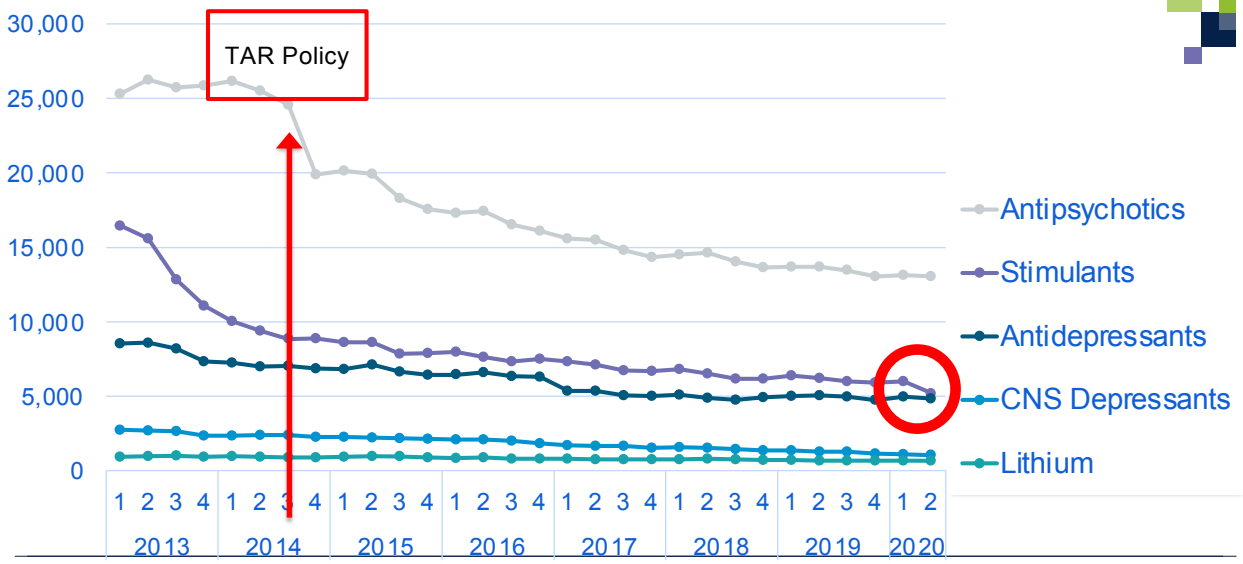




Psychotropic Medications

Classification	Drug Therapeutic Categories	
ANTI-PSYCHOTICS	ANTIPSYCHOTICS,PHENOTHIAZINES	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES
	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES
	ANTIPSYCHOTIC-ATYPICAL,D3/D2 PARTIAL AG-5HT MIXED	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST
	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS
ANTI-DEPRESSANTS	MONOAMINE OXIDASE (MAO) INHIBITOR ANTIDEPRESSANTS	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)
	SSRI-ANTIPSYCH, ATYPICAL,DOPAMINE,SEROTONIN ANTAG	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)
	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)
	TRICYCLIC ANTIDEPRESSANTS,REL.NON-SEL.REUPT-INHIB	MAOIS -NON-SELECTIVE,IRREVERSIBLE ANTIDEPRESSANTS
	TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS	SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS
	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	SSRI, SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS
LITHIUM	BIPOLAR DISORDER DRUGS	
STIMULANTS	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST
	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS
	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	
CNS DEPRESSANTS	ANTI-ANXIETY - BENZODIAZEPINES	BARBITURATES
	SEDATIVE-HYPNOTICS -BENZODIAZEPINES	SEDATIVE-HYPNOTICS,NON-BARBITURATE
	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	ANTI-ANXIETY DRUGS
	ANTI-NARCOLEPSY,ANTI-CATAPLEXY,SEDATIVE-TYPE AGENT	

Psychotropic Use < 18 (2013Q1 – 2020Q2)



Psychotropics < 18 Years: Overall Results

- Utilizing beneficiaries with a paid claim for any psychotropic medication has been in decline since 2013Q1
  - TAR policy put focus on antipsychotic medications, but data show all classes continued to decrease over time
  - No replacement with other medications after initial decrease in paid claims for antipsychotic medications
  - No curve back to pre-policy use levels of antipsychotic medications
- Pandemic has decreased paid claims for stimulants; still holds in 2020Q3, although paid claims for MCP still in process

Psychotropics < 18 Years: Foster Care

- Foster Care:
  - 47% decrease in utilizing beneficiaries with at least one paid claim for any psychotropic medication since Q12013
  - 29% decrease from Q12015 (after TAR policy implemented)
- Non Foster Care:
  - 56% decrease in utilizing beneficiaries with at least one paid claim for any psychotropic medication since Q12013
  - 31% decrease from Q12015 (after TAR policy implemented)

Psychotropics < 18 Years: Program

- No differences in utilization between Medi-Cal FFS and MCP, when adjusting for foster care status
  - MCP population >>> FFS population
- Provider specialty data not complete for all claims
  - Psychiatrists/psychiatric nurses prescribed the majority of antipsychotics (68% for those claims with specialty information)
  - Not the majority for all other classes; wide range of specialties

Psychotropics < 18 Years: Conclusion

- Research/Policy Recommendation:
  - Continue to monitor use of psychotropic medications within the Medi-Cal population younger than 18 years of age, with particular attention to stimulants as distance learning continues
  - After implementation of Medi-Cal Rx, assess the impact of the transition on utilization of these drugs (and similar classes) that had been previously carved out

Board questions/recommendations?

Quarterly Evaluation Report: 3Q2020

- Two articles to evaluate from 3Q2018:
  - Drug Safety Communication: Adverse Effects from Fluoroquinolone Antibiotics – July 2018
  - ProDUR Update: Additive Toxicity Alert Now Focused Only On CNS Depressants – July 2018

Fluoroquinolones: Purpose

- Review the FDA safety communications on fluoroquinolones since the publication of the original article and describe any relevant updates

Fluoroquinolones: Updates

- Since the publication of this educational article, the DUR program published one additional article :
  - Drug Safety Communication: Updated Adverse Effects from Fluoroquinolones, which published in March 2019
  - The original bulletin was updated in April 2020
- An educational outreach letter was also sent on July 10, 2020 to 136 prescribers of fluoroquinolones for an uncomplicated UTI.

Fluoroquinolones: Select Recommendations

- Research/Policy Recommendation:
  - Continue to monitor the use of antibiotics in the Medi-Cal population.
  - Continue to monitor FDA safety communications on fluoroquinolones.
- Board Recommendation:
  - No current recommendations, as results are still pending from the second mailing.

Board questions/recommendations?

Additive Toxicity: Purpose

- Determine if there have been any relevant updates to the additive toxicity (AT) alert since the original article was published
- Evaluate AT alert volume over time, as drugs were added to the AT alert list

Additive Toxicity: Data Criteria

- Since the original article was published:
  - Three drugs have been added to the list of drugs with the AT alert turned on: gabapentin, cenobamate, and lemborexant
  - Two mailings have focused on beneficiaries with high-risk patient profiles that generated AT alerts
  - One mailing focused on concomitant use of gabapentin and opioids
  - HR6 legislation is now requiring states to monitor certain high-risk prescribing

Additive Toxicity: Data Criteria (cont.)

- Final outcomes for the first mailing have been presented to the Board previously:
  - 61% of continuously eligible beneficiaries did not have active paid claims for both opioids and benzodiazepines after 6 months following the mailing
    - There were additional beneficiaries that were only taking buprenorphine (no other opioids) after 6 months following the mailing.
    - 16% of total continuously eligible beneficiaries had a paid claim for naloxone within the 6 months following the mailing.

Additive Toxicity: Results

Additive Toxicity Alert Data	July 2018	August 2020	% Change
Total AT Alerts	6,676	5,770	***-13.6%***
Total Medi-Cal FFS beneficiaries with an AT alert	1,964	2,679	***36.4%***

Additive Toxicity: Analysis

- Gabapentin, which was not on the list at the time of the original bulletin, continues to generate the greatest number of AT alerts among all drugs on the list.
  - August 2020 gabapentin generated 775 AT alerts (13% of total)
- Since June 2008, total AT alerts are decreasing, although the total number of Medi-Cal beneficiaries generating an AT is increasing.
- HR6 implementation added additional levels of retrospective DUR review of high-risk CNS polypharmacy

Additive Toxicity: Select Recommendations

- Research/Policy Recommendation:
  - Continue to provide educational outreach to providers to address high-risk prescribing and promote the co-prescribing of naloxone.
- Board Recommendations:
  - No current recommendations, as results are still pending from the second additive toxicity mailing and the gabapentin mailing
  - An educational bulletin is currently in-progress addressing tapering of benzodiazepines and opioids

Board questions/recommendations?

Global Quarterly Report: 2Q2020

- Vast majority of utilizing beneficiaries are MCP enrollees (range from 96% of OTLIC to 86% of OTHER)
- Total utilizing beneficiaries in the 0-12 years of age group decreased by 44% between 2Q2019 and 2Q2020.
- Significant decreases vs. prior year in total paid claims for:
  - PENICILLIN ANTIBIOTICS: 50%↓
  - NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS: 32%↓
  - NASAL ANTI-INFLAMMATORY STEROIDS: 16%↓
  - BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING: 14%↓

Board questions/recommendations?

FFS Quarterly Report: 3Q2020

- 13% of eligible Medi-Cal FFS enrollees had Rx claim through the FFS program vs. 2% of eligible MCP enrollees
- Among FFS enrollees in the 0 – 12 years of age group:
  - 3% ↓ in paid claims vs. 2Q2020 and 31% ↓ vs. 3Q2020
  - Most likely due to the shelter-in-place restrictions in California
- Effective May 14, 2020, an approved TAR is no longer required for adult FFS beneficiaries for selected acetaminophen-containing products and cough and cold products (paid claims for acetaminophen increased by 82% from 3Q2019)

Board questions/recommendations?

Future Topics

- Annual review of drugs added to the Medi-Cal List of Contract Drugs (ongoing, presented each November)
- NSAIDs
- Pharmacist furnishing of hormonal contraceptives
- Assessment of opioid use and mortality (stratified by gender)
- Antipsychotic polypharmacy in adults

Future Topics: Adult Core Set Measures

- Antidepressant Medication Management (AMM-AD)
- Concurrent Use of Opioids and Benzodiazepines (COB-AD)
- Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)
- Flu Vaccinations for Adults Ages 18–64 (FVA-AD)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

Future Topics: Child Core Set Measures

- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Asthma Medication Ratio: Ages 5–18 (AMR-CH)
- Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)
- Childhood Immunization Status (CIS-CH)
- Immunizations for Adolescents (IMA-CH)

Board questions/recommendations?

DUR Publications

- September 2020: Bulletin
  - 2020 Immunization Updates: Vaccination during COVID-19, Flu, HepA, and Tdap
- October 2020: Alert
  - Drug Safety Communication: Stronger Warning Labels for Benzodiazepines

Future Topics: Alerts

Alerts:

- Updated ACOG guidelines for postpartum pain
- Updated NAMS guidelines for hormone replacement therapy
- California Upgrades Immunization Registry to CAIR2

Future Topics: Bulletins

Bulletins:

- Opioid prescribing by dentists, including ADA updated pain guidelines
- Benzodiazepine/opioid tapering (in progress)
- Managing pain in population with comorbid mental health conditions
- Pharmacist furnishing of naloxone
- Pharmacist furnishing of hormonal contraception
- Hypertension medication adherence
- Today's topic: Psychotropic medication use among children and adolescents

Board questions/recommendations?

QUARTERLY SUMMARY
GLOBAL MEDI-CAL DRUG USE REVIEW
REPORT PERIOD: 2ND QUARTER 2020 (APRIL – JUNE 2020)

Executive Summary

The Global DUR quarterly report provides information on retrospective drug utilization for all paid pharmacy claims for beneficiaries in the Medi-Cal program. For this report, the retrospective data cover the second quarter of 2020 (2020 Q2).

In 2020 Q2, approximately 26% of eligible Medi-Cal enrollees had a paid pharmacy claim through the Medi-Cal program, including 13% of eligible Medi-Cal fee-for-service enrollees and 29% of Medi-Cal managed care plan (MCP) enrollees (**Table 1.1**). Among all Medi-Cal beneficiaries with a paid claim through the Medi-Cal program in 2020 Q2, 10% were FFS enrollees and 89% were MCP enrollees (< 1% were enrolled in both programs over the duration of the quarter). When data from 2020 Q2 were compared to the prior year (2019 Q2), data from 2020 Q2 showed a 2% decrease in total eligible beneficiaries, a 17% decrease in total utilizing beneficiaries, and a 10% decrease in total paid pharmacy claims.

When beneficiaries eligible for Medi-Cal were stratified by population aid code group (**Tables 1.2 – 1.5**), 30% were Affordable Care Act (ACA), 10% were Optional Targeted Low Income Children (OTLIC), and 16% were Seniors and Persons with Disabilities (SPD). Within the population aid code groups, the vast majority of utilizing beneficiaries were MCP enrollees, including 92% of the ACA population, 96% of the OTLIC population, 89% of the SPD population, and 86% of the remaining (OTHER) population. These tables also include the total number of beneficiaries that were continuously-eligible within each population aid code group. Continuous eligibility is plan-specific and is measured for 2020 Q2 from April 1, 2020 – June 30, 2020.

As shown in **Tables 2.1 – 2.3**, there was a decrease in total utilizing beneficiaries across all age groups for both FFS and MCP enrollees in comparison to the prior-year quarter.

Double-digit decreases in total paid claims within the top 20 drug therapeutic categories by total utilizing beneficiaries (**Table 3**) was seen among several drug therapeutic categories related to cold and flu season, including PENICILLIN ANTIBIOTICS (50% decrease in paid claims from the prior-year quarter), NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS (32 decrease), NASAL ANTI-INFLAMMATORY STEROIDS (16% decrease), BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING (14% decrease), and ANTIHISTAMINES – 2ND GENERATION (13% decrease). Similar results are shown in **Table 5**, where double-digit decreases in total paid claims were seen in AMOXICILLIN (54% decrease), IBUPROFEN (39% decrease), ACETAMINOPHEN (17% decrease), LORATIDINE (17% decrease) ALBUTEROL SULFATE (15% decrease), and FLUTICASONE PROPIONATE (14% decrease).

Tables 4.1 – **4.4** show the top 20 drug therapeutic categories by total continuously-eligible utilizing beneficiaries in 2020 Q2, stratified by population aid code group and **Tables 6.1 – 6.4** show the top 20 drugs by total continuously-eligible utilizing beneficiaries in 2020 Q2, stratified by population aid code group. Within each of these tables, the mean days' supply per utilizing beneficiary is shown for both FFS and MCP enrollees.

Tables 1.1-1.5. Summary of Global Medi-Cal Pharmacy Utilization.

Table 1.1 shows pharmacy utilization in the Medi-Cal program, including the percent change from the prior-year quarter. Beneficiaries with enrollments in both FFS and MCP during the quarter may be counted twice (represents < 1% of utilizing beneficiaries). **Tables 1.2-1.5** show pharmacy utilization in the Medi-Cal program, **stratified by population aid code group.**

Table 1.1: Global Medi-Cal Pharmacy Utilization Measures for the Entire Medi-Cal Population			
Category	**Current Quarter 2020 Q2**	**Prior-Year Quarter 2019 Q2**	**% Change from *Prior Year***
Total Eligible Beneficiaries	14,960,147	15,239,263	**-1.8%**
Total Utilizing Beneficiaries	3,956,742	4,783,817	**-17.3%**
Total Paid Rx Claims	23,891,095	26,597,553	**-10.2%**
Average Paid Rx Claims per Eligible Beneficiary	1.60	1.75	**-8.5%**
Average Paid Rx Claims per Utilizing Beneficiary	6.04	5.56	**8.6%**
Fee-for-Service Enrollees			
Total Eligible Beneficiaries	2,997,794	3,087,973	**-2.9%**
Total Utilizing Beneficiaries	384,670	453,939	**-15.3%**
Total Paid Rx Claims	1,516,788	1,643,481	**-7.7%**
Average Paid Rx Claims per Eligible Beneficiary	0.51	0.53	**-4.9%**
Average Paid Rx Claims per Utilizing Beneficiary	3.94	3.62	**8.9%**
Managed Care Plan Enrollees			
Total Eligible Beneficiaries	12,149,793	12,303,518	**-1.2%**
Total Utilizing Beneficiaries	3,524,873	4,262,902	**-17.3%**
Total Paid Rx Claims	21,807,895	24,260,553	**-10.1%**
Average Paid Rx Claims per Eligible Beneficiary	1.79	1.97	**-9.0%**
Average Paid Rx Claims per Utilizing Beneficiary	6.19	5.69	**8.7%**

Table 1.2 shows pharmacy utilization within the **Affordable Care Act (ACA)** population, which consists of the following Adult Expansion aid codes: M1, M2, L1, and 7U. Continuous eligibility is plan-specific and is measured from April 1, 2020 – June 30, 2020.

Among the ACA population, 59% of FFS enrollees and 80% of MCP enrollees were continuously-eligible within the same plan during 2020 Q2.

Table 1.2: Global Medi-Cal Pharmacy Utilization Measures for the ACA Population			
Category	**Current Quarter 2020 Q2**	**Prior-Year Quarter 2019 Q2**	**% Change from *Prior Year***
Total Eligible Beneficiaries	4,455,711	4,514,063	**-1.3%**
Total Utilizing Beneficiaries	1,471,616	1,604,361	**-8.3%**
Total Paid Rx Claims	9,840,340	10,390,898	**-5.3%**
Average Paid Rx Claims per Eligible Beneficiary	2.21	2.30	**-4.1%**
Average Paid Rx Claims per Utilizing Beneficiary	6.69	6.48	**3.2%**
Continuously-Eligible Total Eligible Beneficiaries	3,680,351	3,611,026	**1.9%**
Continuously-Eligible Total Utilizing Beneficiaries	936,456	947,849	**-1.2%**
Continuously-Eligible Total Paid Rx Claims	6,513,168	6,405,378	**1.7%**
Fee-for-Service Enrollees			
Total Eligible Beneficiaries	919,581	906,041	**1.5%**
Total Utilizing Beneficiaries	112,165	119,889	**-6.4%**
Total Paid Rx Claims	481,154	477,161	**0.8%**
Average Paid Rx Claims per Eligible Beneficiary	0.52	0.53	**-0.6%**
Average Paid Rx Claims per Utilizing Beneficiary	4.29	3.98	**7.8%**
Continuously-Eligible Total Eligible Beneficiaries	538,983	532,576	**1.2%**
Continuously-Eligible Total Utilizing Beneficiaries	48,130	44,740	**7.6%**
Continuously-Eligible Total Paid Rx Claims	138,919	121,867	**14.0%**
Managed Care Plan Enrollees			
Total Eligible Beneficiaries	3,629,712	3,668,336	**-1.1%**
Total Utilizing Beneficiaries	1,345,969	1,465,922	**-8.2%**
Total Paid Rx Claims	9,118,939	9,629,326	**-5.3%**
Average Paid Rx Claims per Eligible Beneficiary	2.52	2.62	**-4.3%**
Average Paid Rx Claims per Utilizing Beneficiary	6.77	6.57	**3.1%**
Continuously-Eligible Total Eligible Beneficiaries	2,918,456	2,869,878	**1.7%**
Continuously-Eligible Total Utilizing Beneficiaries	836,329	849,839	**-1.6%**
Continuously-Eligible Total Paid Rx Claims	3,000,033	2,966,781	**1.1%**

Table 1.3 shows pharmacy utilization within the **Optional Targeted Low Income Children (OTLIC)** population consists of the following OTLIC aid codes: 2P, 2R, 2S, 2T, 2U, 5C, 5D, E2, E5, E6, E7, H1, H2, H3, H4, H5, M5, T0, T1, T2, T3, T4, T5, T6, T7, T8, and T9. Continuous eligibility is plan-specific and is measured from April 1, 2020 – June 30, 2020.

Among the OTLIC population, 38% of FFS enrollees and 80% of MCP enrollees were continuously-eligible within the same plan during 2020 Q2.

Table 1.3: Global Medi-Cal Pharmacy Utilization Measures for the OTLIC Population			
Category	**Current Quarter 2020 Q2**	**Prior-Year Quarter 2019 Q2**	**% Change from *Prior Year***
Total Eligible Beneficiaries	1,548,220	1,606,768	**-3.8%**
Total Utilizing Beneficiaries	225,703	365,159	**-61.8%**
Total Paid Rx Claims	639,080	1,010,902	**-58.2%**
Average Paid Rx Claims per Eligible Beneficiary	0.41	0.63	**-52.4%**
Average Paid Rx Claims per Utilizing Beneficiary	2.83	2.77	**2.2%**
Continuously-Eligible Total Eligible Beneficiaries	1,252,656	1,274,925	**-1.7%**
Continuously-Eligible Total Utilizing Beneficiaries	110,422	146,071	**-24.4%**
Continuously-Eligible Total Paid Rx Claims	413,728	555,763	**-25.6%**
Fee-for-Service Enrollees			
Total Eligible Beneficiaries	115,279	112,759	**2.2%**
Total Utilizing Beneficiaries	4,777	7,661	**-37.6%**
Total Paid Rx Claims	11,812	17,420	**-32.3%**
Average Paid Rx Claims per Eligible Beneficiary	0.10	0.15	**-33.7%**
Average Paid Rx Claims per Utilizing Beneficiary	2.47	2.27	**8.7%**
Continuously-Eligible Total Eligible Beneficiaries	43,789	39,155	**11.8%**
Continuously-Eligible Total Utilizing Beneficiaries	1,616	1,880	**-14.0%**
Continuously-Eligible Total Paid Rx Claims	3,096	3,579	**-13.5%**
Managed Care Plan Enrollees			
Total Eligible Beneficiaries	1,442,040	1,501,119	**-3.9%**
Total Utilizing Beneficiaries	216,790	351,031	**-38.2%**
Total Paid Rx Claims	613,020	971,606	**-36.9%**
Average Paid Rx Claims per Eligible Beneficiary	0.43	0.65	**-34.3%**
Average Paid Rx Claims per Utilizing Beneficiary	2.83	2.77	**2.2%**
Continuously-Eligible Total Eligible Beneficiaries	1,148,373	1,171,507	**-2.0%**
Continuously-Eligible Total Utilizing Beneficiaries	104,556	137,979	**-24.2%**
Continuously-Eligible Total Paid Rx Claims	198,954	267,970	**-25.8%**

Table 1.4 shows pharmacy utilization within the **Seniors and Persons with Disabilities (SPD)** population, which consists of the following SPD aid codes: 10, 13, 14, 16, 17, 1E, 1H, 20, 23, 24, 26, 27, 2E, 2H, 36, 60, 63, 64, 66, 67, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, C1, C2, C3, C4, C7, C8, D2, D3, D4, D5, D6, and D7. Continuous eligibility is plan-specific and is measured from April 1, 2020 – June 30, 2020.

Among the SPD population, 77% of FFS enrollees and 83% of MCP enrollees were continuously-eligible within the same plan during 2020 Q2.

Table 1.4: Global Medi-Cal Pharmacy Utilization Measures for the SPD Population			
Category	**Current Quarter 2020 Q2**	**Prior-Year Quarter 2019 Q2**	**% Change from *Prior Year***
Total Eligible Beneficiaries	2,434,952	2,464,101	**-1.8%**
Total Utilizing Beneficiaries	856,596	938,094	**-8.7%**
Total Paid Rx Claims	7,363,496	7,841,670	**-6.1%**
Average Paid Rx Claims per Eligible Beneficiary	3.02	3.18	**-5.0%**
Average Paid Rx Claims per Utilizing Beneficiary	8.60	8.36	**2.8%**
Continuously-Eligible Total Eligible Beneficiaries	2,061,204	2,060,229	**0.0%**
Continuously-Eligible Total Utilizing Beneficiaries	582,623	610,066	**-4.5%**
Continuously-Eligible Total Paid Rx Claims	4,834,260	4,900,964	**-1.4%**
Fee-for-Service Enrollees			
Total Eligible Beneficiaries	498,318	521,635	**-4.5%**
Total Utilizing Beneficiaries	88,456	98,349	**-10.1%**
Total Paid Rx Claims	438,690	467,894	**-6.2%**
Average Paid Rx Claims per Eligible Beneficiary	0.88	0.90	**-1.9%**
Average Paid Rx Claims per Utilizing Beneficiary	4.96	4.76	**4.2%**
Continuously-Eligible Total Eligible Beneficiaries	383,118	385,704	**-0.7%**
Continuously-Eligible Total Utilizing Beneficiaries	49,166	50,344	**-2.3%**
Continuously-Eligible Total Paid Rx Claims	137,792	135,355	**1.8%**
Managed Care Plan Enrollees			
Total Eligible Beneficiaries	1,940,711	1,952,662	**-0.6%**
Total Utilizing Beneficiaries	758,529	829,760	**-8.6%**
Total Paid Rx Claims	6,764,066	7,187,353	**-5.9%**
Average Paid Rx Claims per Eligible Beneficiary	3.49	3.68	**-5.3%**
Average Paid Rx Claims per Utilizing Beneficiary	8.92	8.66	**2.9%**
Continuously-Eligible Total Eligible Beneficiaries	1,616,159	1,599,153	**1.1%**
Continuously-Eligible Total Utilizing Beneficiaries	516,461	537,825	**-4.0%**
Continuously-Eligible Total Paid Rx Claims	2,220,101	2,250,368	**-1.3%**

Table 1.5 shows pharmacy utilization within the **Other Populations (OTHER)** population, which consists of all aid codes not categorized under ACA, OTLIC, or SPD. Continuous eligibility is plan-specific and is measured from April 1, 2020 – June 30, 2020.

Among the OTHER population, 61% of FFS enrollees and 82% of MCP enrollees were continuously-eligible within the same plan during 2020 Q2.

Table 1.5: Global Medi-Cal Pharmacy Utilization Measures for the OTHER Population			
Category	**Current Quarter 2020 Q2**	**Prior-Year Quarter 2019 Q2**	**% Change from *Prior Year***
Total Eligible Beneficiaries	6,706,618	6,903,194	**-2.8%**
Total Utilizing Beneficiaries	1,426,393	1,910,909	**-25.4%**
Total Paid Rx Claims	6,037,460	7,333,916	**-17.7%**
Average Paid Rx Claims per Eligible Beneficiary	0.90	1.06	**-15.3%**
Average Paid Rx Claims per Utilizing Beneficiary	4.23	3.84	**10.3%**
Continuously-Eligible Total Eligible Beneficiaries	5,492,191	5,474,086	**0.3%**
Continuously-Eligible Total Utilizing Beneficiaries	766,965	869,966	**-11.8%**
Continuously-Eligible Total Paid Rx Claims	3,956,443	4,252,086	**-7.0%**
Fee-for-Service Enrollees			
Total Eligible Beneficiaries	1,496,242	1,587,248	**-5.7%**
Total Utilizing Beneficiaries	180,388	229,855	**-21.5%**
Total Paid Rx Claims	578,595	673,462	**-14.1%**
Average Paid Rx Claims per Eligible Beneficiary	0.39	0.42	**-8.9%**
Average Paid Rx Claims per Utilizing Beneficiary	3.21	2.93	**9.5%**
Continuously-Eligible Total Eligible Beneficiaries	908,014	919,579	**-1.3%**
Continuously-Eligible Total Utilizing Beneficiaries	74,338	79,240	**-6.2%**
Continuously-Eligible Total Paid Rx Claims	167,900	168,742	**-0.5%**
Managed Care Plan Enrollees			
Total Eligible Beneficiaries	5,282,391	5,377,819	**-1.8%**
Total Utilizing Beneficiaries	1,225,797	1,649,975	**-25.7%**
Total Paid Rx Claims	5,311,291	6,472,268	**-17.9%**
Average Paid Rx Claims per Eligible Beneficiary	1.01	1.20	**-16.5%**
Average Paid Rx Claims per Utilizing Beneficiary	4.33	3.92	**10.5%**
Continuously-Eligible Total Eligible Beneficiaries	4,305,216	4,255,942	**1.2%**
Continuously-Eligible Total Utilizing Beneficiaries	652,822	743,419	**-12.2%**
Continuously-Eligible Total Paid Rx Claims	1,741,499	1,888,224	**-7.8%**

Table 2.1 – 2.3. Pharmacy Utilization by Age Group in the Medi-Cal Population.

These tables present pharmacy utilization data in the Medi-Cal program broken out by age group, including the percent change from the prior-year quarter. Beneficiaries with enrollments in both FFS and MCP during the quarter may be counted in both **Table 2.2** and **Table 2.3**, as enrollment status may change.

Table 2.1: Pharmacy Utilization by Age Group for the Entire Medi-Cal Population

Age Group (years)	Current Quarter 2020 Q2 Total Paid Claims	Prior-Year Quarter 2019 Q2 Total Paid Claims	% Change from *Prior Year*	Current Quarter 2020 Q2 Total Utilizing Beneficiaries	Prior-Year Quarter 2019 Q2 Total Utilizing Beneficiaries	% Change from *Prior Year*
0 – 12	1,558,219	2,810,877	**-44.6%**	560,343	997,272	**-43.8%**
13 – 18	1,098,833	1,395,003	**-21.2%**	314,199	424,737	**-26.0%**
19 – 39	5,351,127	5,754,718	**-7.0%**	1,145,726	1,286,594	**-11.0%**
40 – 64	13,552,049	14,194,494	**-4.5%**	1,525,004	1,630,453	**-6.5%**
65+	2,330,866	2,442,461	**-4.6%**	411,469	444,761	**-7.5%**
Total*	23,891,095	26,597,553	**-10.2%**	3,956,742	4,783,817	**-17.3%**

* Unknowns represent less than 1% of total

Table 2.2: Pharmacy Utilization by Age Group for the Medi-Cal FFS Population Only

Age Group (years)	Current Quarter 2020 Q2 Total Paid Claims	Prior-Year Quarter 2019 Q2 Total Paid Claims	% Change from *Prior Year*	Current Quarter 2020 Q2 Total Utilizing Beneficiaries	Prior-Year Quarter 2019 Q2 Total Utilizing Beneficiaries	% Change from *Prior Year*
0 – 12	114,405	172,747	**-33.8%**	40,405	65,290	**-38.1%**
13 – 18	83,312	94,603	**-11.9%**	19,461	24,654	**-21.1%**
19 – 39	418,239	472,026	**-11.4%**	123,935	150,702	**-17.8%**
40 – 64	722,261	713,373	**1.3%**	144,942	151,809	**-4.5%**
65+	178,570	190,732	**-6.4%**	55,926	61,484	**-9.0%**
Total*	1,516,788	1,643,481	**-7.7%**	384,670	453,939	**-15.3%**

* Unknowns represent less than 1% of total

Table 2.3: Pharmacy Utilization by Age Group for the Medi-Cal MCP Population Only

Age Group (years)	Current Quarter 2020 Q2 Total Paid Claims	Prior-Year Quarter 2019 Q2 Total Paid Claims	% Change from *Prior Year*	Current Quarter 2020 Q2 Total Utilizing Beneficiaries	Prior-Year Quarter 2019 Q2 Total Utilizing Beneficiaries	% Change from *Prior Year*
0 – 12	1,409,612	2,570,861	**-45.2%**	510,965	914,014	**-44.1%**
13 – 18	992,905	1,269,489	**-21.8%**	289,600	392,480	**-26.2%**
19 – 39	4,805,206	5,129,906	**-6.3%**	1,009,168	1,118,568	**-9.8%**
40 – 64	12,471,698	13,062,899	**-4.5%**	1,361,798	1,456,096	**-6.5%**
65+	2,128,474	2,227,398	**-4.4%**	353,342	381,744	**-7.4%**
Total*	21,807,895	24,260,553	**-10.1%**	3,524,873	4,262,902	**-17.3%**

* Unknowns represent less than 1% of total

Table 3. Top 20 Drug Therapeutic Categories in the Medi-Cal Population.

This table presents the top 20 drug therapeutic categories in the Medi-Cal program, by **total utilizing beneficiaries.** The current quarter is compared to the prior-year quarter in order to illustrate changes in utilization for these drugs. The prior-year quarter ranking of the drug therapeutic category is listed for reference.

Table 3: Top 20 Drug Therapeutic Categories by *Total Utilizing Beneficiaries* for the Entire Medi-Cal Population

Rank	Last Year Rank	Drug Therapeutic Category Description	Current Quarter 2020 Q2 Total Paid Claims	% Change from *Prior Year*	Current Quarter 2020 Q2 Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change from *Prior Year*
1	1	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	878,967	-31.7%	627,936	15.9%	-4.8%
2	4	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)	920,733	-2.1%	493,630	12.5%	2.0%
3	3	ANTIHISTAMINES - 2ND GENERATION	743,264	-12.7%	436,328	11.0%	-0.5%
4	6	ANTICONVULSANTS	950,396	-0.4%	418,066	10.6%	1.7%
5	8	VITAMIN D PREPARATIONS	657,238	1.6%	350,337	8.9%	1.4%
6	5	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	584,828	-14.1%	333,268	8.4%	-0.7%
7	7	PLATELET AGGREGATION INHIBITORS	627,280	-8.8%	332,087	8.4%	0.6%
8	12	PROTON-PUMP INHIBITORS	593,747	2.8%	323,555	8.2%	1.5%
9	11	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	691,968	0.2%	322,897	8.2%	1.3%
10	10	ANTIHYPERTENSIVES, ACE INHIBITORS	583,377	-8.2%	307,523	7.8%	0.8%
11	15	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	563,482	-2.0%	300,832	7.6%	1.2%
12	2	PENICILLIN ANTIBIOTICS	314,115	-50.0%	285,686	7.2%	-4.9%
13	9	TOPICAL ANTI-INFLAMMATORY STEROIDAL	370,830	-14.0%	284,119	7.2%	-0.1%
14	14	LAXATIVES AND CATHARTICS	436,333	-4.6%	275,325	7.0%	0.5%
15	18	CALCIUM CHANNEL BLOCKING AGENTS	466,217	-4.0%	244,466	6.2%	0.9%
16	13	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	421,086	-18.9%	240,996	6.1%	-0.6%
17	16	NASAL ANTI-INFLAMMATORY STEROIDS	350,090	-15.9%	227,206	5.7%	-0.6%
18	25	BLOOD SUGAR DIAGNOSTICS	387,073	5.8%	215,973	5.5%	1.2%
19	22	BETA-ADRENERGIC BLOCKING AGENTS	410,992	-4.5%	210,366	5.3%	0.7%
20	17	ANTIHISTAMINES - 1ST GENERATION	338,752	-7.6%	208,388	5.3%	0.0%

Tables 4.1 – 4.4. Top 20 Drug Therapeutic Categories in the Continuosly-Eligible Medi-Cal Population by Population Aid Code Group, Stratified by Program.

These tables present the top 20 drug therapeutic categories in the Medi-Cal program by **total continuously-eligible utilizing beneficiaries from each population aid code group, stratified by Medi-Cal program.** Mean days' supply per utilizing beneficiary is included for reference. Continuous eligibility is plan-specific and is measured from January 1, 2020 – March 31, 2020.

Table 4.1 presents the top 20 drug therapeutic categories in the **Affordable Care Act (ACA)** population, which consists of the following Adult Expansion aid codes: M1, M2, L1, and 7U.

Table 4.1: Top 20 Drug Therapeutic Categories by *Total Continuously-Eligible ACA Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Therapeutic Category Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)	60	58	155,538	13.7%	16.9%
2	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	19	30	130,511	13.8%	13.9%
3	ANTICONVULSANTS	40	43	111,109	11.1%	11.9%
4	ANTIHYPERTENSIVES, ACE INHIBITORS	59	60	98,820	11.2%	10.5%
5	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	60	60	94,668	10.9%	10.1%
6	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	41	44	93,415	7.9%	10.0%
7	PROTON-PUMP INHIBITORS	43	50	89,802	8.2%	9.7%
8	CALCIUM CHANNEL BLOCKING AGENTS	55	56	72,737	6.7%	7.9%
9	VITAMIN D PREPARATIONS	51	49	69,509	1.7%	7.8%
10	ANTIHISTAMINES - 2ND GENERATION	45	42	65,867	3.9%	7.3%
11	PLATELET AGGREGATION INHIBITORS	59	58	64,299	4.1%	7.1%
12	BETA-ADRENERGIC BLOCKING AGENTS	51	53	63,517	5.8%	6.8%
13	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	9	24	59,637	5.3%	6.4%
14	INSULINS	42	44	58,423	7.0%	6.2%
15	BLOOD SUGAR DIAGNOSTICS	30	55	58,193	0.3%	6.6%
16	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	26	30	54,556	4.8%	5.9%
17	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	59	57	52,864	4.1%	5.8%
18	THYROID HORMONES	59	56	51,042	4.7%	5.5%
19	SKELETAL MUSCLE RELAXANTS	25	30	47,665	3.9%	5.2%
20	THIAZIDE AND RELATED DIURETICS	59	61	45,697	4.2%	5.0%

Table 4.2 presents the top 20 drug therapeutic categories in the **Optional Targeted Low Income Children (OTLIC)** population, which consists of the following OTLIC aid codes: 2P, 2R, 2S, 2T, 2U, 5C, 5D, E2, E5, E6, E7, H1, H2, H3, H4, H5, M5, T0, T1, T2, T3, T4, T5, T6, T7, T8, and T9.

Table 4.2: Top 20 Drug Therapeutic Categories by *Total Continuously-Eligible OTLIC Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Therapeutic Category Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	ANTIHISTAMINES - 2ND GENERATION	32	38	17,146	6.9%	15.8%
2	TOPICAL ANTI-INFLAMMATORY STEROIDAL	22	29	10,698	9.7%	9.8%
3	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	26	31	9,469	8.2%	8.6%
4	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	10	24	9,270	9.0%	8.4%
5	NASAL ANTI-INFLAMMATORY STEROIDS	22	43	8,422	9.7%	7.8%
6	PENICILLIN ANTIBIOTICS	10	18	7,346	9.3%	6.6%
7	TOPICAL ANTIBIOTICS	22	30	7,044	2.5%	6.5%
8	LEUKOTRIENE RECEPTOR ANTAGONISTS	38	41	6,349	5.1%	5.7%
9	GLUCOCORTICOIDS, ORALLY INHALED	37	43	6,236	5.1%	5.7%
10	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	39	44	5,691	6.6%	5.1%
11	CONTRACEPTIVES,ORAL	57	65	4,594	4.2%	4.2%
12	ANTIHISTAMINES - 1ST GENERATION	22	31	4,188	3.8%	3.8%
13	ANTICONVULSANTS	40	46	4,056	6.4%	3.6%
14	CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION	10	23	4,014	4.7%	3.6%
15	KERATOLYTICS	32	38	3,968	1.4%	3.7%
16	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	10	22	3,591	3.9%	3.2%
17	TOPICAL ANTIFUNGALS	22	30	3,461	3.5%	3.1%
18	LAXATIVES AND CATHARTICS	35	32	3,419	1.9%	3.1%
19	VITAMIN A DERIVATIVES	29	36	3,390	0.6%	3.2%
20	VITAMIN D PREPARATIONS	39	45	3,368	0.8%	3.1%

Table 4.3 presents the top 20 drug therapeutic categories in the **Seniors and Persons with Disabilities (SPD)** population, which consists of the following SPD aid codes: 10, 13, 14, 16, 17, 1E, 1H, 20, 23, 24, 26, 27, 2E, 2H, 36, 60, 63, 64, 66, 67, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, C1, C2, C3, C4, C7, C8, D2, D3, D4, D5, D6, and D7.

Table 4.3: Top 20 Drug Therapeutic Categories by *Total Continuously-Eligible SPD Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Therapeutic Category Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	PLATELET AGGREGATION INHIBITORS	61	52	114,833	21.4%	19.7%
2	ANTICONVULSANTS	38	48	110,069	15.9%	19.0%
3	VITAMIN D PREPARATIONS	45	44	96,852	4.3%	17.8%
4	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)	47	56	85,780	5.9%	15.4%
5	LAXATIVES AND CATHARTICS	37	35	73,290	16.5%	12.3%
6	ANTIHISTAMINES - 2ND GENERATION	45	42	65,600	15.4%	10.9%
7	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE, SEROTONIN ANTAGNST	39	40	63,048	6.7%	11.1%
8	PROTON-PUMP INHIBITORS	39	50	53,304	5.0%	9.4%
9	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	39	47	52,035	4.3%	9.3%
10	CALCIUM CHANNEL BLOCKING AGENTS	49	56	48,010	3.6%	8.6%
11	ANTIHYPERTENSIVES, ACE INHIBITORS	48	57	46,151	3.7%	8.2%
12	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	26	36	45,979	2.2$	8.3%
13	CALCIUM REPLACEMENT	57	43	44,541	5.6%	8.0%
14	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	48	57	41,465	3.0%	7.4%
15	BETA-ADRENERGIC BLOCKING AGENTS	44	53	41,334	3.5%	7.3%
16	BLOOD SUGAR DIAGNOSTICS	31	51	36,177	0.2%	6.8%
17	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	18	34	36,126	2.1%	6.5%
18	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	28	38	35,517	3.1%	6.3%
19	ANTIHISTAMINES - 1ST GENERATION	31	38	32,247	4.6%	5.6%
20	INSULINS	35	47	30,942	3.2%	5.5%

Table 4.4 presents the top 20 drug therapeutic categories in the **Other Populations (OTHER)** population, which consists of all aid codes not categorized under ACA, OTLIC, or SPD.

Table 4.4: Top 20 Drug Therapeutic Categories by *Total Continuously-Eligible OTHER Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Therapeutic Category Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	15	32	109,464	14.4%	14.4%
2	ANTIHISTAMINES - 2ND GENERATION	38	42	71,157	4.7%	9.9%
3	TOPICAL ANTI-INFLAMMATORY STEROIDAL	21	33	53,703	4.2%	7.3%
4	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	36	51	53,500	6.6%	7.0%
5	ANTICONVULSANTS	36	51	52,182	6.0%	6.9%
6	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	22	37	49,412	4.5%	6.7%
7	PENICILLIN ANTIBIOTICS	9	22	49,367	6.2%	6.5%
8	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)	61	62	46,355	5.6%	6.2%
9	PROTON-PUMP INHIBITORS	40	53	42,338	4.7%	5.6%
10	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	6	28	39,353	4.3%	5.2%
11	VITAMIN D PREPARATIONS	49	51	39,348	1.3%	5.5%
12	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	55	64	38,143	6.5%	4.8%
13	CONTRACEPTIVES,ORAL	60	72	37,206	5.0%	4.9%
14	NASAL ANTI-INFLAMMATORY STEROIDS	37	44	35,054	2.5%	4.9%
15	ANTIHYPERTENSIVES, ACE INHIBITORS	59	64	34,608	5.0%	4.5%
16	LAXATIVES AND CATHARTICS	29	36	33,244	4.4%	4.3%
17	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	10	30	31,406	3.9%	3.9%
18	ANTIHISTAMINES - 1ST GENERATION	23	36	30,837	3.2%	4.2%
19	IRON REPLACEMENT	55	57	29,110	5.3%	3.6%
20	INSULINS	39	51	28,522	4.5%	3.6%

Table 5. Top 20 Drugs in the Medi-Cal Population.

This table presents the top 20 drugs in the Medi-Cal program, by **total utilizing beneficiaries.** The current quarter is compared to the prior-year quarter in order to illustrate changes in utilization for these drugs. The prior-year quarter ranking of each drug is listed for reference.

Table 5: Top 20 Drugs by *Total Utilizing Beneficiaries* for the Entire Medi-Cal Population

Rank	Last Year Rank	Drug Description	Current Quarter 2020 Q2 Total Paid Claims	% Change from *Prior Year*	Current Quarter 2020 Q2 Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change from *Prior Year*
1	1	IBUPROFEN	573,858	-38.8%	436,257	11.0%	-4.7%
2	7	ATORVASTATIN CALCIUM	652,022	3.0%	351,007	8.9%	1.8%
3	2	ALBUTEROL SULFATE	581,025	-15.2%	331,859	8.4%	-0.8%
4	6	ASPIRIN	568,895	-9.7%	303,795	7.7%	0.5%
5	8	METFORMIN HCL	563,482	-2.0%	300,832	7.6%	1.2%
6	4	LORATADINE	483,052	-16.7%	279,723	7.1%	-0.7%
7	5	FLUTICASONE PROPIONATE	424,085	-14.4%	269,906	6.8%	-0.6%
8	9	LISINOPRIL	460,547	-6.5%	241,618	6.1%	0.8%
9	14	OMEPRAZOLE	407,259	4.5%	223,011	5.6%	1.1%
10	12	CHOLECALCIFEROL (VITAMIN D3)	399,383	5.3%	220,251	5.6%	1.0%
11	16	BLOOD SUGAR DIAGNOSTIC	387,088	5.8%	215,989	5.5%	1.2%
12	13	AMLODIPINE BESYLATE	402,822	-3.8%	212,058	5.4%	0.8%
13	15	GABAPENTIN	436,969	-1.2%	206,946	5.2%	0.8%
14	3	AMOXICILLIN	213,764	-53.6%	193,842	4.9%	-4.0%
15	11	ACETAMINOPHEN	216,874	-17.4%	176,578	4.5%	-0.2%
16	10	HYDROCODONE/ACETAMINOPHEN	309,885	-19.2%	170,793	4.3%	-0.4%
17	19	LEVOTHYROXINE SODIUM	338,937	-4.5%	165,797	4.2%	0.6%
18	26	LANCETS	228,071	10.4%	155,493	3.9%	1.0%
19	24	LOSARTAN POTASSIUM	284,895	1.6%	150,351	3.8%	0.7%
20	20	FERROUS SULFATE	242,557	-8.0%	147,457	3.7%	0.2%

Tables 6.1 – 6.4. Top 20 Drugs in the Medi-Cal Population, by Population Aid Code Group and Program.

These tables present utilization of the top 20 drugs in the Medi-Cal program by **total continuously-eligible utilizing beneficiaries from each population aid code group, stratified by Medi-Cal program.** Mean days' supply per utilizing beneficiary is included for reference. Continuous eligibility is plan-specific and is measured from January 1, 2020 – March 31, 2020.

Table 6.1 presents the top 20 drugs in the **Affordable Care Act (ACA)** population, which consists of the following Adult Expansion aid codes: M1, M2, L1, and 7U.

Table 6.1: Top 20 Drugs by *Total Continuously-Eligible ACA Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	ATORVASTATIN CALCIUM	59	62	111,468	10.1%	12.1%
2	METFORMIN HCL	60	63	94,668	10.9%	10.1%
3	IBUPROFEN	15	28	79,667	10.0%	8.4%
4	LISINOPRIL	57	65	79,331	9.2%	8.4%
5	AMLODIPINE BESYLATE	56	59	64,263	5.7%	7.0%
6	GABAPENTIN	39	48	63,346	6.1%	6.8%
7	OMEPRAZOLE	43	52	63,013	4.4%	6.8%
8	BLOOD SUGAR DIAGNOSTIC	30	58	58,194	0.3%	6.6%
9	ASPIRIN	62	61	55,572	3.0%	6.2%
10	ALBUTEROL SULFATE	26	35	54,364	4.8%	5.8%
11	LEVOTHYROXINE SODIUM	59	62	48,923	4.5%	5.2%
12	LOSARTAN POTASSIUM	59	62	48,242	3.8%	5.3%
13	FLUTICASONE PROPIONATE	38	43	43,903	3.0%	4.8%
14	HYDROCODONE/ACETAMINOPHEN	9	28	43,531	3.8%	4.7%
15	CHOLECALCIFEROL (VITAMIN D3)	34	49	42,626	0.2%	4.8%
16	LORATADINE	46	47	41,793	2.6%	4.6%
17	HYDROCHLOROTHIAZIDE	59	65	39,799	3.6%	4.3%
18	LANCETS	31	71	34,321	0.1%	3.9%
19	INSULIN GLARGINE,HUM.REC.ANLOG	44	51	31,869	4.0%	3.4%
20	SERTRALINE HCL	41	50	31,843	2.8%	3.4%

Table 6.2 presents the top 20 drugs in the **Optional Targeted Low Income Children (OTLIC)** population, which consists of the following OTLIC aid codes: 2P, 2R, 2S, 2T, 2U, 5C, 5D, E2, E5, E6, E7, H1, H2, H3, H4, H5, M5, T0, T1, T2, T3, T4, T5, T6, T7, T8, and T9.

Table 6.2: Top 20 Drugs by *Total Continuously-Eligible OTLIC Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	FLUTICASONE PROPIONATE	36	42	11,456	6.3%	10.5%
2	LORATADINE	32	39	9,668	4.6%	8.9%
3	ALBUTEROL SULFATE	25	31	9,387	7.9%	8.5%
4	IBUPROFEN	9	23	8,301	8.1%	7.5%
5	CETIRIZINE HCL	32	37	7,178	2.1%	6.7%
6	MONTELUKAST SODIUM	38	41	6,346	5.1%	5.7%
7	AMOXICILLIN	10	19	5,591	7.5%	5.0%
8	TRIAMCINOLONE ACETONIDE	24	30	4,971	4.8%	4.5%
9	HYDROCORTISONE	19	28	4,211	3.8%	3.8%
10	CEPHALEXIN	10	23	3,993	4.7%	3.6%
11	BENZOYL PEROXIDE	32	38	3,880	1.4%	3.6%
12	CLINDAMYCIN PHOSPHATE	27	38	3,666	1.6%	3.4%
13	ACETAMINOPHEN	10	21	3,610	3.9%	3.2%
14	TRETINOIN	30	29	2,784	0.4%	2.6%
15	POLYETHYLENE GLYCOL 3350	34	32	2,712	1.5%	2.5%
16	CHOLECALCIFEROL (VITAMIN D3)	32	40	2,652	0.4%	2.4%
17	DIPHENHYDRAMINE HCL	17	29	2,254	1.8%	2.1%
18	SERTRALINE HCL	43	47	2,086	3.0%	1.9%
19	METHYLPHENIDATE HCL	34	40	2,083	2.2%	1.9%
20	BECLOMETHASONE DIPROPIONATE	44	48	2,052	0.9%	1.9%

Table 6.3 presents the top 20 drugs in the **Seniors and Persons with Disabilities (SPD)** population, which consists of the following SPD aid codes: 10, 13, 14, 16, 17, 1E, 1H, 20, 23, 24, 26, 27, 2E, 2H, 36, 60, 63, 64, 66, 67, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, C1, C2, C3, C4, C7, C8, D2, D3, D4, D5, D6, and D7.

Table 6.3: Top 20 Drugs by *Total Continuously-Eligible SPD Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	ASPIRIN	61	51	108,253	21.2%	18.5%
2	ATORVASTATIN CALCIUM	46	57	59,262	4.1%	10.6%
3	CHOLECALCIFEROL (VITAMIN D3)	38	44	58,928	0.7%	11.1%
4	LORATADINE	46	44	47,248	12.8%	7.7%
5	DOCUSATE SODIUM	39	39	44,751	13.5%	7.2%
6	GABAPENTIN	38	47	42,619	3.5%	7.6%
7	METFORMIN HCL	48	57	41,465	3.0%	7.4%
8	AMLODIPINE BESYLATE	49	55	41,068	3.0%	7.4%
9	ERGOCALCIFEROL (VITAMIN D2)	46	43	36,730	4.5%	6.5%
10	BLOOD SUGAR DIAGNOSTIC	31	51	36,181	0.2%	6.8%
11	ALBUTEROL SULFATE	28	38	34,846	2.9%	6.2%
12	OMEPRAZOLE	39	48	34,609	1.7%	6.2%
13	LISINOPRIL	48	59	34,443	2.8%	6.1%
14	FERROUS SULFATE	47	46	27,950	7.6%	4.5%
15	HYDROCODONE/ACETAMINOPHEN	19	35	27,474	1.5%	5.0%
16	LEVOTHYROXINE SODIUM	43	55	26,635	3.2%	4.6%
17	LOSARTAN POTASSIUM	53	57	26,158	1.5%	4.7%
18	FOLIC ACID	44	32	25,327	7.9%	4.4%
19	IBUPROFEN	20	44	24,381	1.4%	4.1%
20	TRAZODONE HCL	37	51	22,820	1.6%	18.5%

Table 6.4 presents the top 20 drugs in the **Other Populations (OTHER)** population, which consists of all aid codes not categorized under ACA, OTLIC, or SPD.

Table 6.4: Top 20 Drug by *Total Continuously-Eligible OTHER Utilizing Beneficiaries* for the Entire Medi-Cal Population, by Program

		Current Quarter 2020 Q2				
		Mean Days' Supply per Utilizing Beneficiary		Total Continuously-Eligible Utilizing Beneficiaries		
Rank	Drug Description	FFS	MCP	All Medi-Cal	% FFS	% MCP
1	IBUPROFEN	12	30	83,871	11.9%	10.9%
2	ALBUTEROL SULFATE	22	37	49,232	4.4%	6.7%
3	FLUTICASONE PROPIONATE	36	44	45,428	3.6%	6.3%
4	LORATADINE	38	45	43,538	3.4%	6.0%
5	METFORMIN HCL	55	64	38,143	6.5%	4.8%
6	AMOXICILLIN	8	24	36,314	4.4%	4.8%
7	ATORVASTATIN CALCIUM	60	63	33,394	4.1%	4.4%
8	ACETAMINOPHEN	10	29	31,644	3.9%	4.0%
9	OMEPRAZOLE	39	51	30,319	2.8%	4.1%
10	FERROUS SULFATE	55	57	28,722	5.3%	3.6%
11	LISINOPRIL	58	66	28,222	4.0%	3.6%
12	HYDROCODONE/ACETAMINOPHEN	6	30	28,094	3.0%	3.7%
13	CEPHALEXIN	9	28	25,909	3.6%	3.4%
14	CETIRIZINE HCL	39	39	25,798	1.3%	3.7%
15	LEVOTHYROXINE SODIUM	56	63	25,731	3.1%	3.4%
16	CHOLECALCIFEROL (VITAMIN D3)	35	46	24,357	0.2%	3.5%
17	BLOOD SUGAR DIAGNOSTIC	33	58	π24,027	0.1%	3.5%
18	GABAPENTIN	36	49	23,792	2.3%	3.2%
19	MONTELUKAST SODIUM	40	44	23,390	1.9%	3.2%
20	TRIAMCINOLONE ACETONIDE	22	35	23,136	1.8%	3.2%

QUARTERLY SUMMARY
MEDI-CAL FEE-FOR-SERVICE PROGRAM DRUG USE REVIEW
REPORT PERIOD: 3RD QUARTER 2020 (JULY – SEPTEMBER 2020)

Executive Summary

The DUR quarterly report provides information on both prospective and retrospective drug utilization for all claims processed by the Medi-Cal Fee-for-Service (FFS) program, including the carved-out drug claims for the Medi-Cal Managed Care Plans (MCPs). For this quarterly report, the prospective and retrospective data cover the third quarter of 2020 (2020 Q3). All tables can be found in **Appendix A** and definitions of selected terms can be found in **Appendix B**.

Prospective DUR
As shown in Table 1.1, in comparison to both the prior quarter (2020 Q2) and prior year (2019 Q3), in 2020 Q3 overall drug claims and DUR drug claims decreased, while total DUR alerts, total alert overrides, and total alert cancels increased. A comparison between 2020 Q3 and 2020 Q2 showed very little change among the summary of alert transactions by therapeutic problem (**Table 1.2**) among the top 10 drugs for each of the 12 prospective DUR alerts (**Tables 2.1-2.12**).

Retrospective DUR
In 2020 Q3, approximately 13% of eligible Medi-Cal FFS enrollees had a paid claim through the Medi-Cal fee-for-service program, compared with only 2% of Medi-Cal MCP enrollees (**Table 3.2** and **Table 3.3**). Among all Medi-Cal beneficiaries with a paid claim through the Medi-Cal fee-for-service program in 2020 Q3, 58% were FFS enrollees and 42% were MCP enrollees.

As shown in **Tables 4.1 – 4.3**, the only across-the-board decreases in utilizing beneficiaries and paid claims processed by the FFS program in comparison to both the prior quarter and the prior-year quarter was within the 0 – 12 years of age group. This was most notable among FFS enrollees in the 0 – 12 years of age group, which posted a 31% decrease in paid claims for the prior-year quarter, most likely due to the shelter-in-place restrictions in California due to coronavirus disease 2019 (COVID-19), which began just prior to 2020 Q2. Many children in this group that would have been returning to school during 2020 Q3 (as in prior years) have remained at home, reducing their risk for common infectious diseases and pharmacy claims for medications typically kept with school nurses, such as ALBUTEROL SULFATE.

A review of the top 20 drug therapeutic categories in the FFS program (**Table 5.1**) by percentage of utilizing beneficiaries with a paid claim showed an across-the-board decreases in average paid claims per day and total percentage of utilizing beneficiaries with a paid claim in comparison to both the prior quarter and prior-year quarter for ANTICONVULSANTS, ANTIHISTAMINES - 2ND GENERATION, BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING. Similarly, **Table 6.1** shows across-the-board decreases during 2020 Q3 for LORATIDINE and ALBUTEROL.

Of note, as shown in **Table 6.1**, ACETAMINOPHEN posted significant increases in both total paid claims (increased by 65% from 2020 Q2 and 89% from 2019 Q3) and total utilizing beneficiaires (increased by 57% from 2020 Q2 and 82% from 2019 Q3). This is most likely because effective May 14, 2020, selected acetaminophen-containing products and cough and cold products were temporarily reinstated as covered benefits for adults in the Medi-Cal program, without requirement of an approved *Treatment Authorization Request* (TAR) for Medi-Cal FFS beneficiaries. The full policy document is published on the COVID-19 webpage at: Pharmacy - Coverage of Acetaminophen, and Cough and Cold Medicines for Adults. According to DHCS, this temporary change will remain in place until further notice.

Appendix A: Prospective and Retrospective DUR Tables

Tables 1.1-1.2. Summary of Prospective DUR Alert Transactions in the Medi-Cal Fee-for-Service Program.

Table 1.1 provides summary level data on pharmacy claims and DUR alert activities, including data and percent change from the prior quarter. Alerts are generated after adjudication of drug claims which exceed or otherwise fall outside of certain prescribed parameters.

Table 1.1: Summary of Alert Transactions					
Category	Current Quarter 2020 Q3 (Jul – Sep 2020)	Prior Quarter 2020 Q2 (Apr – Jun 2020)	% Change from *Prior Quarter*	Prior-Year Quarter 2019 Q3 (Jul – Sep 2019)	% Change from *Prior-Year Quarter*
Drug Claims	7,097,195	7,078,286	**0.3%**	7,759,194	**-8.5%**
DUR Drug Claims	3,585,925	3,435,986	**4.4%**	3,732,183	**-3.9%**
Total Alerts	1,124,152	1,086,862	**3.4%**	1,077,449	**4.3%**
Total Alert Overrides	725,840	703,284	**3.2%**	693,382	**4.7%**
Total Alert Cancels	212	231	**-8.2%**	212	**0.0%**

Note: Drug claims receiving multiple alerts can be adjudicated by pharmacists by responding to only one conflict code, followed by an intervention code and outcome code. The remaining alerts on the claim cannot be tracked as they are overridden by the pharmacist's response to a single alert. For example, a single claim can generate up to eight different alerts, but the pharmacist can override all eight alerts by choosing to override only one alert. In addition, the number of cancelled alerts may be underrepresented due to the system's inability to capture claims that were not adjudicated.

Table 1.2 provides a summary of the number of drug claims and alerts generated for each therapeutic problem type (sorted by alert frequency). Total alerts not adjudicated may be overrepresented, as claims with multiple alerts that have been adjudicated under one alert will show up as not adjudicated for the remaining alerts.

Table 1.2: Summary of Alert Transactions by Therapeutic Problem Type – 2020 Q3							
Therapeutic Problem Type	Total Alerts	Total Alert Over-rides	% Alert Over-rides	Total Alert Cancels	% Alert Cancels	Total Alerts Not Adjud-icated	% Alerts Not Adjud-icated
Therapeutic Duplication (TD)	357,369	274,831	76.9%	26	0.0%	82,512	23.1%
Early Refill (ER)	309,374	107,010	34.6%	109	0.0%	202,255	65.4%
Ingredient Duplication (ID)	240,363	178,282	74.2%	35	0.0%	62,046	25.8%
Late Refill (LR)	98,525	77,765	78.9%	22	0.0%	20,738	21.0%
Additive Toxicity (AT)	47,011	38,447	81.8%	5	0.0%	8,559	18.2%
Total High Dose (HD)	39,000	26,768	68.6%	5	0.0%	12,227	31.4%
Drug-Pregnancy (PG)	16,579	11,572	69.8%	3	0.0%	5,004	30.2%
Total Low Dose (LD)	9,798	6,610	67.5%	0	0.0%	3,188	32.5%
Drug-Drug (DD)	3,206	2,383	74.3%	1	0.0%	822	25.6%
Drug-Disease (MC)	2,563	1,918	74.8%	0	0.0%	645	25.2%
Drug-Age (PA)	261	190	72.8%	0	0.0%	71	27.2%
Drug-Allergy (DA)	103	64	62.1%	0	0.0%	39	37.9%

Tables 2.1-2.12. Prospective DUR Alert Transactions by Therapeutic Problem Type in the Medi-Cal Fee-for-Service Program.

Each of the following tables provides greater detail of each of the 12 DUR alerts with the top 10 drugs generating each respective alert. For each of the top 10 drugs, data are provided for the total number of adjudicated alerts, alert overrides, alert cancels, paid claims, and the percentage of paid claims with alert overrides. **Tables are listed in order of DUR alert priority, which is determined by the DUR Board.**

Table 2.1: Top 10 Drugs by Therapeutic Problem Type – Drug-Allergy (DA) – 2020 Q3

Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	PHENYTOIN SODIUM EXTENDED	40	40	0	1,247	3.2%
2	PHENYTOIN	12	12	0	539	2.2%
3	OXYCODONE HCL	4	4	0	4,078	0.1%
4	IBUPROFEN	3	3	0	56,740	0.0%
5	OXYCODONE HCL/ACETAMINOPHEN	2	2	0	3,353	0.1%
6	PENICILLIN V POTASSIUM	2	2	0	2,043	0.1%
7	SULFAMETHOXAZOLE/TRIMETHOPRIM	2	2	0	11,172	0.0%
8	AMOXICILLIN	1	1	0	20,742	0.0%
9	AMOXICILLIN/POTASSIUM CLAV	1	1	0	7,662	0.0%
10	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	1	1	0	7,241	0.0%

Table 2.2: Top 10 Drugs by Therapeutic Problem Type – Drug-Pregnancy (PG) – 2020 Q3

Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	IBUPROFEN	6,499	6,497	2	56,740	11.5%
2	NORETHINDRONE	1,183	1,183	0	3,292	35.9%
3	NAPROXEN	213	213	0	10,054	2.1%
4	MISOPROSTOL	163	163	0	419	38.9%
5	METHYLERGONOVINE MALEATE	77	77	0	110	70.0%
6	LISINOPRIL	64	64	0	30,763	0.2%
7	INDOMETHACIN	56	56	0	699	8.0%
8	METHIMAZOLE	49	49	0	1,430	3.4%
9	PROPRANOLOL HCL	38	38	0	4,258	0.9%
10	ATORVASTATIN CALCIUM	36	36	0	36,065	0.1%

Table 2.3: Top 10 Drugs by Therapeutic Problem Type – Drug-Disease (MC) – 2020 Q3

Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	POTASSIUM CHLORIDE	260	260	0	3,958	6.6%
2	HALOPERIDOL	204	204	0	19,714	1.0%
3	METFORMIN HCL	192	192	0	43,503	0.4%
4	PROPRANOLOL HCL	87	87	0	4,258	2.0%
5	CHLORPROMAZINE HCL	72	72	0	6,394	1.1%
6	METOPROLOL TARTRATE	57	57	0	8,004	0.7%
7	METOPROLOL SUCCINATE	33	32	1	6,434	0.5%
8	CARBAMAZEPINE	33	33	0	2,258	1.5%
9	LEVONORGESTREL/ETHIN.ESTRADIOL	32	32	0	3,237	1.0%
10	NORGESTIMATE-ETHINYL ESTRADIOL	31	31	0	2,971	1.0%

Table 2.4: Top 10 Drugs by Therapeutic Problem Type – Drug-Drug Interaction (DD) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	GEMFIBROZIL	245	245	0	1,822	13.4%
2	ATORVASTATIN CALCIUM	190	190	0	36,065	0.5%
3	BUPRENORPHINE HCL/ NALOXONE HCL	113	113	0	46,356	0.2%
4	HYDROXYCHLOROQUINE SULFATE	111	111	0	1,967	5.6%
5	SIMVASTATIN	109	109	0	7,441	1.5%
6	AMLODIPINE BESYLATE	92	92	0	22,342	0.4%
7	NALTREXONE HCL	33	33	0	9,513	0.3%
8	PIOGLITAZONE HCL	31	31	0	3,006	1.0%
9	AZITHROMYCIN	27	27	0	10,270	0.3%
10	ESCITALOPRAM OXALATE	24	24	0	8,942	0.3%

Table 2.5: Top 10 Drugs by Therapeutic Problem Type – Therapeutic Duplication (TD) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	QUETIAPINE FUMARATE	28,626	28,625	1	143,680	19.9%
2	OLANZAPINE	20,478	20,473	5	88,416	23.2%
3	ARIPIPRAZOLE	16,410	16,409	1	110,613	14.8%
4	RISPERIDONE	14,992	14,988	4	80,869	18.5%
5	HALOPERIDOL	9,214	9,213	1	19,714	46.7%
6	CLOZAPINE	8,854	8,854	0	22,632	39.1%
7	LURASIDONE HCL	8,601	8,601	0	41,482	20.7%
8	PALIPERIDONE PALMITATE	6,010	6,010	0	21,009	28.6%
9	TRAZODONE HCL	3,694	3,693	1	10,949	33.7%
10	CHLORPROMAZINE HCL	3,551	3,551	0	6,394	55.5%

Table 2.6: Top 10 Drugs by Therapeutic Problem Type – Overutilization (ER) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	QUETIAPINE FUMARATE	5,464	5,459	5	143,680	3.8%
2	ARIPIPRAZOLE	3,801	3,799	2	110,613	3.4%
3	OLANZAPINE	2,901	2,899	2	88,416	3.3%
4	RISPERIDONE	2,797	2,796	1	80,869	3.5%
5	BENZTROPINE MESYLATE	2,228	2,228	0	53,497	4.2%
6	LITHIUM CARBONATE	1,562	1,561	1	29,021	5.4%
7	LURASIDONE HCL	1,486	1,484	2	41,482	3.6%
8	METFORMIN HCL	1,300	1,298	2	43,503	3.0%
9	BUPRENORPHINE HCL/ NALOXONE HCL	1,134	1,132	2	46,356	2.4%
10	LISINOPRIL	998	997	1	30,763	3.2%

Table 2.7: Top 10 Drugs by Therapeutic Problem Type – Underutilization (LR) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	QUETIAPINE FUMARATE	7,535	7,535	0	143,680	5.2%
2	ARIPIPRAZOLE	7,162	7,159	3	110,613	6.5%
3	RISPERIDONE	4,426	4,423	3	80,869	5.5%
4	OLANZAPINE	4,173	4,172	1	88,416	4.7%
5	BENZTROPINE MESYLATE	2,910	2,908	2	53,497	5.4%
6	LURASIDONE HCL	2,725	2,724	1	41,482	6.6%
7	ATORVASTATIN CALCIUM	1,976	1,974	2	36,065	5.5%
8	LITHIUM CARBONATE	1,852	1,852	0	29,021	6.4%
9	LEVOTHYROXINE SODIUM	1,328	1,326	2	22,472	5.9%
10	GABAPENTIN	1,327	1,327	0	23,747	5.6%

Table 2.8: Top 10 Drugs by Therapeutic Problem Type – Additive Toxicity (AT) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	GABAPENTIN	1,981	1,981	0	23,747	8.3%
2	LITHIUM CARBONATE	1,171	1,171	0	29,021	4.0%
3	LORAZEPAM	968	968	0	6,236	15.5%
4	QUETIAPINE FUMARATE	909	909	0	143,680	0.6%
5	BACLOFEN	889	889	0	10,678	8.3%
6	CLONAZEPAM	885	885	0	5,503	16.1%
7	HYDROCODONE/ACETAMINOPHEN	842	842	0	20,823	4.0%
8	TRAZODONE HCL	548	548	0	10,949	5.0%
9	ARIPIPRAZOLE	505	505	0	110,613	0.5%
10	OLANZAPINE	478	478	0	88,416	0.5%

Table 2.9: Top 10 Drugs by Therapeutic Problem Type – Ingredient Duplication (ID) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	QUETIAPINE FUMARATE	18,821	18,819	2	143,680	13.1%
2	OLANZAPINE	10,153	10,153	0	88,416	11.5%
3	ARIPIPRAZOLE	7,739	7,738	1	110,613	7.0%
4	RISPERIDONE	7,154	7,153	1	80,869	8.8%
5	CLOZAPINE	4,297	4,296	1	22,632	19.0%
6	LURASIDONE HCL	3,810	3,808	2	41,482	9.2%
7	ALBUTEROL SULFATE	3,549	3,549	0	30,401	11.7%
8	LEVOTHYROXINE SODIUM	1,790	1,788	2	22,472	8.0%
9	ZIPRASIDONE HCL	1,755	1,753	2	14,225	12.3%
10	BENZTROPINE MESYLATE	1,333	1,332	1	53,497	2.5%

Table 2.10: Top 10 Drugs by Therapeutic Problem Type – Drug-Age (PA) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	AMITRIPTYLINE HCL	76	76	0	2,795	2.7%
2	DOXEPIN HCL	8	8	0	411	1.9%
3	ACETAMINOPHEN WITH CODEINE	6	6	0	4,466	0.1%
4	CIPROFLOXACIN HCL	1	1	0	4,819	0.0%
5	ARIPIPRAZOLE	1	1	0	110,613	0.0%
6	ASPIRIN	1	1	0	42,410	0.0%
7	AZATHIOPRINE	1	1	0	404	0.0%
8	AZITHROMYCIN	1	1	0	10,270	0.0%
9	BENZTROPINE MESYLATE	1	1	0	53,497	0.0%
10	BUDESONIDE	1	1	0	3,048	0.0%

Table 2.11: Top 10 Drugs by Therapeutic Problem Type – High Dose (HD) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	OLANZAPINE	4,634	4,633	1	88,416	5.2%
2	RISPERIDONE	1,334	1,334	0	80,869	1.6%
3	QUETIAPINE FUMARATE	785	785	0	143,680	0.5%
4	IBUPROFEN	594	593	1	56,740	1.0%
5	HYDROCODONE/ACETAMINOPHEN	399	399	0	20,823	1.9%
6	ARIPIPRAZOLE	307	307	0	110,613	0.3%
7	ACETAMINOPHEN	304	304	0	20,519	1.5%
8	FAMOTIDINE	227	227	0	13,510	1.7%
9	ZIPRASIDONE HCL	211	211	0	14,225	1.5%
10	ESCITALOPRAM OXALATE	167	167	0	8,942	1.9%

Table 2.12: Top 10 Drugs by Therapeutic Problem Type – Low Dose (LD) – 2020 Q3						
Rank	Drug Generic Name/Ingredient Name	Total Adjudicated Alerts	Total Alert Overrides	Total Alert Cancels	Total Paid Claims	% of Paid Claims with Alert Overrides
1	AZITHROMYCIN	433	433	0	10,270	4.2%
2	DIVALPROEX SODIUM	419	419	0	9,704	4.3%
3	DULOXETINE HCL	250	250	0	4,411	5.7%
4	ERYTHROMYCIN ETHYLSUCCINATE	233	233	0	1,384	16.8%
5	BUPROPION HCL	175	175	0	6,207	2.8%
6	AMOXICILLIN/POTASSIUM CLAV	132	132	0	7,662	1.7%
7	SULFAMETHOXAZOLE/TRIMETHOPRIM	89	89	0	11,172	0.8%
8	AMLODIPINE BESYLATE	83	83	0	22,342	0.4%
9	IMIPRAMINE HCL	83	83	0	229	36.2%
10	AMOXICILLIN	81	81	0	20,742	0.4%

Tables 3.1-3.3. Summary of Medi-Cal Fee-for-Service Pharmacy Utilization.

These tables shows pharmacy utilization in the Medi-Cal Fee-for-Service program, including the percent change from the prior quarter and prior-year quarter. Beneficiaries with enrollments in both FFS and MCP during the quarter may be counted in both **Table 3.2** and **Table 3.3**, as enrollment status may change.

Table 3.1: Fee-for-Service Pharmacy Utilization Measures for the Entire Medi-Cal Population

Category	Current Quarter 2020 Q3	Prior Quarter 2020 Q2	Prior-Year Quarter 2019 Q3	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*
Total Eligible Beneficiaries	15,530,729	14,964,763	15,358,602	**3.8%**	**1.1%**
Total Utilizing Beneficiaries	672,492	651,367	718,008	**3.2%**	**-6.3%**
Total Paid Rx Claims	2,435,104	2,340,963	2,505,785	**4.0%**	**-2.8%**
Average Paid Rx Claims per Eligible Beneficiary	0.16	0.16	0.16	**0.2%**	**-3.9%**
Average Paid Rx Claims per Utilizing Beneficiary	3.62	3.59	3.49	**0.8%**	**3.8%**

Table 3.2: Fee-for-Service Pharmacy Utilization Measures for the Medi-Cal FFS Population Only*

Category	Current Quarter 2020 Q3	Prior Quarter 2020 Q2	Prior-Year Quarter 2019 Q3	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*
Total Eligible Beneficiaries	3,055,616	3,005,736	3,132,842	**1.7%**	**-2.5%**
Total Utilizing Beneficiaries	388,176	370,075	437,071	**4.9%**	**-11.2%**
Total Paid Rx Claims	1,507,959	1,416,198	1,584,189	**6.5%**	**-4.8%**
Average Paid Rx Claims per Eligible Beneficiary	0.49	0.47	0.51	**4.7%**	**-2.4%**
Average Paid Rx Claims per Utilizing Beneficiary	3.88	3.83	3.62	**1.5%**	**7.2%**

Table 3.3: Fee-for-Service Pharmacy Utilization Measures for the Medi-Cal MCP Population Only*

Category	Current Quarter 2020 Q3	Prior Quarter 2020 Q2	Prior-Year Quarter 2019 Q3	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*
Total Eligible Beneficiaries	12,704,933	12,149,793	12,373,422	**4.6%**	**2.7%**
Total Utilizing Beneficiaries	285,393	280,162	279,176	**1.9%**	**2.2%**
Total Paid Rx Claims	916,781	909,742	902,702	**0.8%**	**1.6%**
Average Paid Rx Claims per Eligible Beneficiary	0.07	0.07	0.07	**-3.6%**	**-1.1%**
Average Paid Rx Claims per Utilizing Beneficiary	3.21	3.25	3.23	**-1.1%**	**-0.7%**

Tables 4.1-4.3. Fee-for-Service Pharmacy Utilization by Age Group in the Medi-Cal Population.

These tables present pharmacy utilization data in the Medi-Cal Fee-for-Service program, broken out by age group, including the percent change from the prior quarter and prior-year quarter. Beneficiaries with enrollments in both FFS and MCP during the quarter may be counted in both **Table 4.2** and **Table 4.3**, as enrollment status may change.

Table 4.1: Fee-for-Service Pharmacy Utilization by Age Group for the Entire Medi-Cal Population

Age Group (years)	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*
0 – 12	173,324	-2.7%	-23.1%	51,794	-0.8%	-30.0%
13 – 18	155,174	0.9%	-7.3%	38,952	3.3%	-12.2%
19 – 39	770,539	3.5%	-3.7%	236,757	3.4%	-6.7%
40 – 64	1,141,543	5.7%	2.4%	285,235	4.2%	0.9%
65+	194,522	5.3%	-1.6%	59,753	1.6%	-5.3%
Total	2,435,104	4.0%	-2.8%	672,492	3.2%	-6.3%

Table 4.2: Fee-for-Service Pharmacy Utilization by Age Group for the Medi-Cal FFS Population Only*

Age Group (years)	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*
0 – 12	99,404	-2.9%	-31.0%	35,988	-0.7%	-36.3%
13 – 18	80,197	2.4%	-13.0%	19,559	5.6%	-20.8%
19 – 39	416,482	5.6%	-9.5%	125,430	4.6%	-14.7%
40 – 64	727,482	9.2%	3.9%	151,250	7.8%	1.3%
65+	184,392	5.5%	-1.8%	55,948	1.6%	-6.0%
Total	1,507,959	6.5%	-4.8%	388,176	4.9%	-11.2%

Table 4.3: Fee-for-Service Pharmacy Utilization by Age Group for the Medi-Cal MCP Population Only*

Age Group (years)	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*
0 – 12	72,891	-2.0%	-8.6%	15,766	-0.1%	-8.9%
13 – 18	73,797	-0.3%	0.5%	19,289	1.8%	-0.7%
19 – 39	350,540	1.5%	5.1%	112,367	2.7%	5.3%
40 – 64	409,042	0.9%	0.8%	134,085	1.4%	1.5%
65+	10,511	-0.1%	3.5%	3,886	1.4%	6.5%
Total	916,781	0.8%	1.6%	285,393	1.9%	2.2%

Tables 5.1-5.3. Top 20 Fee-for-Service Drug Therapeutic Categories in the Medi-Cal Population.

These tables present utilization of the top 20 drug therapeutic categories in the Medi-Cal Fee-for-Service program, by **total utilizing beneficiaries.** The current quarter is compared to the prior quarter and prior-year quarter in order to illustrate changes in utilization and reimbursement dollars paid to pharmacies for these top utilized drugs. The prior-year quarter ranking of the drug therapeutic category is listed for reference.

Table 5.1: Top 20 Fee-for-Service Drug Therapeutic Categories by *Total Utilizing Beneficiaries* for the Entire Medi-Cal Population

Rank	Last Year Rank	Drug Therapeutic Category Description	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change Total Utilizing Beneficiaries from *Prior Quarter*	% Change Utilizing Total Utilizing Beneficiaries *Prior-Year Quarter*
1	1	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST	427,696	**1.1%**	**2.4%**	159,606	23.7%	**1.2%**	**1.7%**
2	2	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	71,316	**17.2%**	**-22.9%**	60,418	9.0%	**16.2%**	**-24.9%**
3	3	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	120,014	**1.1%**	**4.8%**	50,960	7.6%	**1.3%**	**3.3%**
4	4	ANTICONVULSANTS	79,092	**-0.1%**	**-5.8%**	37,280	5.5%	**-0.1%**	**-5.1%**
5	7	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)	48,717	**5.9%**	**6.6%**	33,375	5.0%	**5.1%**	**8.5%**
6	6	PLATELET AGGREGATION INHIBITORS	45,717	**1.6%**	**-6.6%**	31,272	4.7%	**1.3%**	**-5.9%**
7	9	LAXATIVES AND CATHARTICS	47,786	**15.1%**	**11.0%**	31,002	4.6%	**15.2%**	**9.4%**
8	11	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	43,538	**5.9%**	**5.9%**	29,645	4.4%	**5.7%**	**6.4%**
9	5	PENICILLIN ANTIBIOTICS	31,077	**14.3%**	**-25.2%**	28,205	4.2%	**13.0%**	**-26.6%**
10	13	INSULINS	51,149	**2.2%**	**2.0%**	27,935	4.2%	**4.4%**	**1.3%**
11	10	ANTIHYPERTENSIVES, ACE INHIBITORS	40,569	**2.9%**	**-3.4%**	27,207	4.1%	**1.5%**	**-3.2%**
12	8	ANTIHISTAMINES - 2ND GENERATION	40,914	**-7.7%**	**-3.9%**	25,892	3.9%	**-11.3%**	**-8.9%**
13	19	PROTON-PUMP INHIBITORS	36,622	**7.1%**	**13.4%**	24,189	3.6%	**7.3%**	**11.2%**
14	12	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	28,581	**18.1%**	**-14.8%**	23,159	3.4%	**19.6%**	**-16.7%**
15	14	IRON REPLACEMENT	31,336	**2.0%**	**-14.2%**	22,479	3.3%	**0.7%**	**-17.6%**
16	17	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	58,429	**0.9%**	**-1.8%**	22,311	3.3%	**0.1%**	**-3.5%**
17	21	OPIOID ANTAGONISTS	27,590	**2.7%**	**12.0%**	22,176	3.3%	**2.5%**	**8.6%**
18	20	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	38,726	**2.6%**	**4.3%**	21,538	3.2%	**1.4%**	**3.9%**
19	15	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	31,350	**-5.9%**	**-14.3%**	19,983	3.0%	**-6.1%**	**-17.8%**
20	26	OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE	58,492	**2.7%**	**9.9%**	19,749	2.9%	**2.8%**	**18.7%**

Table 5.2: Top 20 Fee-for-Service Drug Therapeutic Categories by *Total Utilizing Beneficiaries* for the Medi-Cal FFS Population Only

Rank	Last Year Rank	Drug Therapeutic Category Description	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change Total Utilizing Beneficiaries from *Prior Quarter*	% Change Utilizing Total Utilizing Beneficiaries *Prior-Year Quarter*
1	1	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	70,448	17.8%	-22.7%	59,772	15.4%	16.7%	-24.7%
2	5	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(STATINS)	48,288	6.0%	6.7%	33,118	8.5%	5.2%	8.7%
3	3	ANTICONVULSANTS	65,548	0.3%	-5.8%	31,734	8.2%	0.3%	-5.0%
4	4	PLATELET AGGREGATION INHIBITORS	44,851	1.6%	-6.6%	30,757	7.9%	1.3%	-6.0%
5	8	LAXATIVES AND CATHARTICS	45,752	15.9%	11.6%	29,768	7.7%	16.0%	10.1%
6	9	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	41,444	7.1%	6.1%	28,514	7.4%	6.0%	6.5%
7	2	PENICILLIN ANTIBIOTICS	30,493	14.7%	-25.2%	27,825	7.2%	13.3%	-26.5%
8	11	ANTIHYPERTENSIVES, ACE INHIBITORS	37,683	3.2%	-3.2%	25,748	6.6%	1.6%	-3.0%
9	6	ANTIHISTAMINES - 2ND GENERATION	40,007	-7.9%	-3.8%	25,456	6.6%	-11.4%	-8.8%
10	15	PROTON-PUMP INHIBITORS	34,936	7.6%	14.4%	23,353	6.0%	7.6%	11.9%
11	7	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	28,322	18.5%	-14.4%	22,941	5.9%	20.0%	-16.2%
12	10	IRON REPLACEMENT	30,558	2.3%	-14.1%	22,035	5.7%	1.0%	-17.6%
13	16	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	38,432	2.8%	4.8%	21,341	5.5%	1.7%	4.4%
14	12	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	28,631	-6.3%	-14.8%	18,828	4.9%	-6.2%	-17.8%
15	19	INSULINS	32,465	7.9%	4.2%	18,565	4.8%	7.8%	4.1%
16	14	ANTIEMETIC/ANTIVERTIGO AGENTS	22,155	15.5%	-14.9%	18,478	4.8%	16.0%	-17.9%
17	37	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	19,928	67.9%	92.6%	18,108	4.7%	59.6%	84.2%
18	13	CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION	18,382	16.5%	-23.3%	17,124	4.4%	16.4%	-24.1%
19	21	CALCIUM CHANNEL BLOCKING AGENTS	25,834	2.9%	0.7%	17,009	4.4%	2.4%	2.2%
20	22	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST	38,836	2.4%	5.2%	16,622	4.3%	4.4%	5.4%

Table 5.3: Top 20 Fee-for-Service Drug Therapeutic Categories by *Total Utilizing Beneficiaries* for the Medi-Cal MCP Population Only

Rank	Last Year Rank	Drug Therapeutic Category Description	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change Total Utilizing Beneficiaries from *Prior Quarter*	% Change Utilizing Total Utilizing Beneficiaries *Prior-Year Quarter*
1	1	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST	382,936	**1.3%**	**3.2%**	143,378	50.24%	**1.5%**	**2.5%**
2	2	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	108,063	**1.3%**	**5.3%**	45,943	16.10%	**1.5%**	**3.6%**
3	3	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	52,705	**0.8%**	**-1.4%**	20,155	7.06%	**0.0%**	**-3.1%**
4	4	OPIOID ANTAGONISTS	23,902	**1.4%**	**12.0%**	19,174	6.72%	**1.3%**	**8.6%**
5	5	OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE	50,250	**2.6%**	**9.8%**	17,291	6.06%	**3.7%**	**19.6%**
6	7	ARV-NUCLEOSIDE,NUCLEOTIDE RTI,INTEGRASE INHIBITORS	27,959	**3.5%**	**13.8%**	11,921	4.18%	**4.0%**	**14.2%**
7	6	BIPOLAR DISORDER DRUGS	26,340	**1.8%**	**0.1%**	10,585	3.71%	**0.9%**	**-1.9%**
8	8	INSULINS	18,353	**-6.3%**	**-1.4%**	9,322	3.27%	**-1.6%**	**-3.8%**
9	10	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, BUTYROPHENONES	22,830	**1.1%**	**4.4%**	8,439	2.96%	**-0.2%**	**-0.1%**
10	9	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	15,818	**0.6%**	**-15.7%**	8,048	2.82%	**3.0%**	**-11.8%**
11	11	ANTICONVULSANTS	13,431	**-2.2%**	**-5.5%**	5,624	1.97%	**-1.7%**	**-5.2%**
12	12	ANTIPSYCHOTICS, PHENOTHIAZINES	11,154	**-1.5%**	**-1.5%**	3,962	1.39%	**-1.4%**	**-3.6%**
13	13	ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR	7,641	**0.1%**	**-17.0%**	3,317	1.16%	**0.2%**	**-17.1%**
14	15	OPIOID ANALGESICS	6,365	**0.3%**	**10.8%**	2,981	1.04%	**-0.9%**	**2.2%**
15	14	ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS COMB	6,511	**-2.1%**	**-17.9%**	2,750	0.96%	**-2.1%**	**-17.0%**
16	17	ANTI-ALCOHOLIC PREPARATIONS	5,186	**5.0%**	**10.2%**	2,705	0.95%	**3.4%**	**11.0%**
17	19	HEPATITIS B TREATMENT AGENTS	5,562	**6.6%**	**17.4%**	2,404	0.84%	**4.6%**	**16.0%**
18	16	ARTV NUCLEOSIDE, NUCLEOTIDE,NON-NUCLEOSIDE RTI COMB	4,687	**-2.6%**	**-19.7%**	1,986	0.70%	**-1.8%**	**-19.1%**
19	21	ANTICONVULSANT - BENZODIAZEPINE TYPE	4,364	**1.3%**	**0.1%**	1,965	0.69%	**2.9%**	**0.5%**
20	24	VITAMIN D PREPARATIONS	3,257	**-3.8%**	**5.6%**	1,799	0.63%	**-0.9%**	**4.7%**

Tables 6.1-6.3. Top 20 Fee-for-Service Drugs in the Medi-Cal Population.

These tables present the utilization of the top 20 drugs in the Medi-Cal Fee-for-Service program, by **total utilizing beneficiaries.** The current quarter is compared to the prior quarter and prior-year quarter in order to illustrate changes in utilization for these drugs. The prior-year quarter ranking of each drug is listed for reference.

Table 6.1: Top 20 Fee-for-Service Drugs by *Total Utilizing Beneficiaries* for the Entire Medi-Cal Population

Rank	Last Year Rank	Drug Description	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change Total Utilizing Beneficiaries from *Prior Quarter*	% Change Utilizing Total Utilizing Beneficiaries *Prior-Year Quarter*
1	2	QUETIAPINE FUMARATE	146,017	**1.3%**	**3.9%**	54,938	8.2%	**1.3%**	**3.3%**
2	1	IBUPROFEN	56,702	**19.9%**	**-23.8%**	48,565	7.2%	**18.2%**	**-25.8%**
3	3	ARIPIPRAZOLE	112,721	**1.3%**	**4.7%**	47,748	7.1%	**1.4%**	**3.2%**
4	5	OLANZAPINE	89,339	**2.4%**	**6.5%**	33,673	5.0%	**2.9%**	**6.4%**
5	4	RISPERIDONE	81,864	**0.9%**	**-1.7%**	32,220	4.8%	**0.3%**	**-2.1%**
6	7	METFORMIN HCL	43,538	**5.9%**	**5.9%**	29,645	4.4%	**5.7%**	**6.4%**
7	6	ASPIRIN	42,423	**1.5%**	**-7.4%**	29,213	4.3%	**1.3%**	**-6.7%**
8	14	ATORVASTATIN CALCIUM	36,041	**5.4%**	**9.1%**	24,598	3.7%	**5.0%**	**10.8%**
9	8	FERROUS SULFATE	31,248	**2.1%**	**-14.2%**	22,432	3.3%	**0.7%**	**-17.7%**
10	10	DOCUSATE SODIUM	34,890	**5.4%**	**-6.5%**	22,411	3.3%	**4.2%**	**-10.5%**
11	15	LISINOPRIL	30,751	**3.2%**	**-2.6%**	21,111	3.1%	**1.6%**	**-2.6%**
12	16	BENZTROPINE MESYLATE	54,149	**1.0%**	**-1.5%**	20,642	3.1%	**0.1%**	**-3.5%**
13	12	LORATADINE	31,569	**-8.4%**	**-11.1%**	19,624	2.9%	**-12.1%**	**-15.7%**
14	11	ALBUTEROL SULFATE	30,242	**-5.9%**	**-15.3%**	19,485	2.9%	**-6.2%**	**-18.9%**
15	9	AMOXICILLIN	20,732	**18.6%**	**-27.4%**	18,718	2.8%	**17.1%**	**-28.7%**
16	33	ACETAMINOPHEN	20,507	**64.9%**	**89.3%**	18,597	2.8%	**57.4%**	**81.8%**
17	13	CEPHALEXIN	18,587	**16.2%**	**-23.6%**	17,305	2.6%	**15.9%**	**-24.3%**
18	18	LURASIDONE HCL	42,157	**-0.1%**	**1.0%**	17,149	2.6%	**0.2%**	**-1.0%**
19	17	HYDROCODONE/ ACETAMINOPHEN	20,775	**18.9%**	**-15.0%**	16,715	2.5%	**20.6%**	**-17.9%**
20	20	NALOXONE HCL	17,920	**2.8%**	**7.2%**	16,458	2.5%	**2.4%**	**5.3%**

Table 6.2: Top 20 Fee-for-Service Drugs by *Total Utilizing Beneficiaries* for the Medi-Cal FFS Population Only

Rank	Last Year Rank	Drug Description	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change Total Utilizing Beneficiaries from *Prior Quarter*	% Change Utilizing Total Utilizing Beneficiaries *Prior-Year Quarter*
1	1	IBUPROFEN	56,184	**20.4%**	**-23.5%**	48,132	12.4%	**18.6%**	**-25.6%**
2	2	ASPIRIN	41,598	**1.4%**	**-7.6%**	28,724	7.4%	**1.2%**	**-6.9%**
3	3	METFORMIN HCL	41,444	**7.1%**	**6.1%**	28,514	7.4%	**6.0%**	**6.5%**
4	10	ATORVASTATIN CALCIUM	35,725	**5.6%**	**9.2%**	24,409	6.3%	**5.2%**	**11.1%**
5	6	DOCUSATE SODIUM	34,565	**5.6%**	**-6.3%**	22,192	5.7%	**4.5%**	**-10.2%**
6	4	FERROUS SULFATE	30,517	**2.3%**	**-14.1%**	22,010	5.7%	**0.9%**	**-17.6%**
7	11	LISINOPRIL	29,775	**3.4%**	**-2.5%**	20,573	5.3%	**1.7%**	**-2.4%**
8	7	LORATADINE	31,171	**-8.4%**	**-10.9%**	19,416	5.0%	**-12.1%**	**-15.6%**
9	8	ALBUTEROL SULFATE	28,081	**-6.2%**	**-15.8%**	18,593	4.8%	**-6.3%**	**-19.0%**
10	5	AMOXICILLIN	20,407	**19.0%**	**-27.5%**	18,510	4.8%	**17.4%**	**-28.7%**
11	23	ACETAMINOPHEN	19,928	**67.9%**	**92.6%**	18,108	4.7%	**59.6%**	**84.2%**
12	9	CEPHALEXIN	18,324	**16.6%**	**-23.4%**	17,099	4.4%	**16.4%**	**-24.1%**
13	12	HYDROCODONE/ ACETAMINOPHEN	20,570	**19.4%**	**-14.6%**	16,536	4.3%	**21.0%**	**-17.4%**
14	16	AMLODIPINE BESYLATE	21,918	**3.5%**	**2.0%**	14,482	3.7%	**3.1%**	**3.8%**
15	15	GABAPENTIN	23,029	**2.2%**	**-3.5%**	13,491	3.5%	**2.0%**	**-3.8%**
16	24	OMEPRAZOLE	17,711	**11.3%**	**43.4%**	12,767	3.3%	**10.7%**	**31.7%**
17	14	FOLIC ACID	21,576	**-2.2%**	**-11.7%**	12,626	3.3%	**-0.9%**	**-11.0%**
18	13	PRENATAL VITAMIN NO. 95	13,864	**-8.2%**	**-21.9%**	12,176	3.1%	**-8.0%**	**-22.4%**
19	18	LEVOTHYROXINE SODIUM	20,003	**0.8%**	**-5.4%**	12,080	3.1%	**-0.5%**	**-3.3%**
20	17	FLUTICASONE PROPIONATE	15,467	**-12.8%**	**-6.2%**	11,182	2.9%	**-15.3%**	**-13.0%**

Table 6.3: Top 20 Fee-for-Service Drugs by *Total Utilizing Beneficiaries* for the Medi-Cal MCP Population Only

Rank	Last Year Rank	Drug Description	Current Quarter 2020 Q3 Total Paid Claims	% Change from *Prior Quarter*	% Change from *Prior-Year Quarter*	Current Quarter Total Utilizing Beneficiaries	% Utilizing Beneficiaries with a Paid Claim	% Change Total Utilizing Beneficiaries from *Prior Quarter*	% Change Utilizing Total Utilizing Beneficiaries *Prior-Year Quarter*
1	1	QUETIAPINE FUMARATE	131,159	**1.5%**	**4.5%**	49,584	17.4%	**1.7%**	**4.0%**
2	2	ARIPIPRAZOLE	101,139	**1.5%**	**5.2%**	42,894	15.0%	**1.6%**	**3.6%**
3	4	OLANZAPINE	79,275	**2.8%**	**7.4%**	29,814	10.5%	**3.3%**	**7.2%**
4	3	RISPERIDONE	72,002	**1.1%**	**-0.7%**	28,383	10.0%	**0.6%**	**-1.2%**
5	5	BENZTROPINE MESYLATE	48,951	**1.0%**	**-1.1%**	18,696	6.6%	**0.1%**	**-3.0%**
6	6	LURASIDONE HCL	38,677	**0.1%**	**1.6%**	15,761	5.5%	**0.5%**	**-0.3%**
7	7	NALOXONE HCL	15,440	**1.1%**	**6.9%**	14,156	5.0%	**0.8%**	**4.9%**
8	8	BUPRENORPHINE HCL/ NALOXONE HCL	41,285	**2.2%**	**7.5%**	13,651	4.8%	**3.9%**	**17.7%**
9	9	LITHIUM CARBONATE	26,323	**2.0%**	**1.1%**	10,573	3.7%	**1.1%**	**-1.0%**
10	11	BICTEGRAV/EMTRICIT/ TENOFOV ALA	21,302	**5.2%**	**33.0%**	9,052	3.2%	**6.1%**	**34.2%**
11	10	PALIPERIDONE PALMITATE	19,834	**2.3%**	**7.0%**	8,169	2.9%	**1.7%**	**3.6%**
12	12	HALOPERIDOL	17,786	**0.9%**	**6.1%**	6,545	2.3%	**-0.4%**	**2.1%**
13	15	NALTREXONE HCL	8,462	**1.9%**	**22.7%**	5,018	1.8%	**2.9%**	**20.6%**
14	14	ZIPRASIDONE HCL	13,170	**-1.0%**	**-6.6%**	4,879	1.7%	**-0.5%**	**-6.2%**
15	23	EMTRICITABINE/ TENOFOV ALAFENAM	9,216	**6.9%**	**29.3%**	4,163	1.5%	**9.6%**	**39.5%**
16	16	INSULIN LISPRO	8,193	**-6.2%**	**-0.1%**	3,947	1.4%	**-1.5%**	**-2.5%**
17	13	EMTRICITABINE/ TENOFOVIR (TDF)	6,598	**-7.1%**	**-43.3%**	3,883	1.4%	**-3.3%**	**-36.7%**
18	22	BUPRENORPHINE HCL	9,007	**4.5%**	**17.5%**	3,589	1.3%	**3.8%**	**19.7%**
19	17	INSULIN GLARGINE, HUM.REC.ANLOG	6,447	**-6.6%**	**-2.4%**	3,525	1.2%	**-2.5%**	**-5.5%**
20	19	CLOZAPINE	20,059	**-1.3%**	**3.8%**	3,500	1.2%	**0.7%**	**4.2%**

APPENDIX B: Definition of terms.

Adjudicate: To pay or deny drug claims after evaluating the claim for coverage requirements

Beneficiary: A person who has been determined eligible for Medi-Cal, as according to the California Code of Regulations 50024

Eligible beneficiary: A Medi-Cal beneficiary that qualifies for drug benefits

Quarter: One fourth, ¼, 25% or .25 of a year measured in months.

Reimbursement: The reimbursement paid to Medi-Cal pharmacy providers for legend and nonlegend drugs dispensed to Medi-Cal Fee-for-Service (FFS) beneficiaries. Reimbursement is determined in accordance with CA Welfare and Institutions Code Section 14105.45(b)(1).

Drug therapeutic category: Drug therapeutic categories are grouping of drugs at various hierarchy levels and characteristics that may be similar in chemical structure, pharmacological effect, clinical use, indications, and/or other characteristics of drug products.

Utilizing beneficiary: A Medi-Cal beneficiary with at least one prescription filled during the measurement period

MEDI-CAL DRUG USE REVIEW (DUR) PROGRAM
QUARTERLY EVALUATION REPORT – 3rd Quarter 2020

The purpose of the educational intervention component of DUR is to improve the quality and cost-effectiveness of prescribing and dispensing practices for Medi-Cal beneficiaries. Educational interventions include ongoing dissemination of clinically important information through the Medi-Cal provider bulletin process.

DUR educational articles are published in provider bulletins and posted on the DUR: Educational Articles page on the DUR website. Two years after publication, each article is reviewed again in a systematic way in order to evaluate any change over time. These evaluations are conducted quarterly and use the following template:

- Background
- Purpose
- Data Criteria and Findings
- Analysis
- Limitations
- Research/Policy Recommendations
- Clinical Recommendations
- Board Recommendations

Many factors may influence the prescribing and dispensing practices of Medi-Cal providers, making it difficult to accurately measure the full impact of the educational articles. Such factors may include, but are not limited to, the following:

- Changes and updates to treatment guidelines and recommendations
- Beneficiary expectations and requests and healthcare habits and behavior
- Direct-to-consumer advertising
- Provider training and experience
- Anecdotal experience
- Provider resistance
- Extent of readership
- Exposure to multiple sources of continuing education

The purpose of DUR educational articles is to apprise Medi-Cal providers and pharmacies of current treatment guidelines and recommendations on drugs, disease states, and medical conditions. These articles contain valuable information that is effective when used as a part of an overall campaign to disseminate timely and needed information to providers and pharmacies.

The following recommendations may help to improve accessibility, reach, and

interest of educational articles to the Medi-Cal provider and pharmacy community:

- Continue to distribute articles through normal publication channels, but also send articles separate and independent from the bulletin, in order to increase visibility.
- Distribute article links to medical and pharmaceutical organizations/associations for distribution to their members or publications in journals and/or bulletins.
- Encourage prescribers and pharmacists to sign up for distribution of DUR articles via the Medi-Cal Subscription Service (MCSS).
- Facilitate continuing medical education (CME) and/or continuing education (CE) opportunities to prescribers and pharmacists related to article content
- Incorporate case studies into articles.
- Package articles with other collateral materials for distribution through various media channels such as posters, postcard mailings and flyers that highlight the recommendations of each article.
- Disseminate shorter educational alerts that highlight relevant and important topics that can be published with greater frequency.
- When appropriate, disseminate lay versions of articles to beneficiaries to promote physician uptake and set beneficiary expectations.
- Continue to support the direct link between articles and retrospective DUR educational outreach to prescribers and pharmacists.
- Increase understanding of prospective DUR alert methodology, by using articles to focus on drug therapy problems that are frequently overridden at the pharmacy level.
- Include patient-specific profiles for educational outreach where the primary objective is an improvement in the quality of care.
- Use provider-specific profiles for educational outreach where the primary objective is an improvement in the quality of prescribing.
- Use pharmacy-specific profiles for educational outreach where the primary objective is an improvement in the quality of dispensing.

This quarterly evaluation report provides a detailed evaluation of the following DUR educational articles published between April 2018 and July 2018:

- Drug Safety Communication: Adverse Effects from Fluoroquinolone Antibiotics – July 2018
- ProDUR Update: Additive Toxicity Alert Now Focused Only On CNS Depressants – July 2018

Evaluation of Educational Articles

Drug Safety Communication: Adverse Effects from Fluoroquinolone Antibiotics – July 2018

- **Background:** On July 10, 2018, the U.S. Food and Drug Administration (FDA) announced it was strengthening the current warnings in the prescribing information for fluoroquinolone antibiotics. The new label states that low blood sugar levels, also called hypoglycemia, can lead to coma, and mental health side effects were made more prominent and more consistent across the systemic fluoroquinolone drug class.

- **Purpose:** The purpose of this evaluation is to review the FDA safety communications on fluoroquinolone antibiotics since the publication of the original article and to describe any relevant updates.

- **Data Criteria and Findings:** Since the publication of this educational article, the DUR program published an additional alert related to FDA safety concerns regarding fluoroquinolones:
    - Drug Safety Communication: Updated Adverse Effects from Fluoroquinolones published in March 2019.

  The DUR program also updated the original bulletin to include these adverse effects. An updated analysis was included at this time and it was determined there was still a high percentage of fluoroquinolones being prescribed for uncomplicated UTI. The bulletin recommendations included the first line therapies for uncomplicated UTI, including trimethoprim/sulfamethoxazole and nitrofurantoin monohydrate/macrocrystals, which are both on the Medi-Cal List of Contract Drugs.

- **Analysis:** An outreach letter to providers was sent by the DUR program on July 10, 2020. The letter was sent to 136 prescribers of fluoroquinolones for an uncomplicated UTI to at least two Medi-Cal FFS community-dwelling beneficiaries without documented allergies to other antibiotic medications or treatment failures since January 1, 2020. The objectives for the mailing were the following:
    - To inform health care providers about the risks associated with fluoroquinolones
    - To offer health care providers alternate treatment options for uncomplicated UTI

  The primary outcome for this mailing is the total number of fluoroquinolones prescribed to community-dwelling patients for uncomplicated UTI within six months following the mailing. The secondary outcome is the total number of trimethoprim/sulfamethoxazole and nitrofurantoin monohydrate/macrocrystals prescribed to community-dwelling patients for uncomplicated UTI within six

months following the mailing. The results are still pending and will be presented at the DUR Board meeting in May 2021.

- **Limitations:** None.

- **Research/Policy Recommendations:**
  1. Continue to monitor research and FDA communications regarding fluoroquinolones.
  2. Continue to monitor the use of antibiotics in the Medi-Cal population.

- **Clinical Recommendations:**
  1. Incorporate allergy assessment into routine physical examination and evaluate patients for true penicillin allergy by conducting a history, physical, and (where appropriate) a skin test and challenge dose.
  2. Prescribe antibiotics carefully and correctly. Work with pharmacists to ensure appropriate antibiotic use, prevent resistance, and assist with early detection of adverse events.
  3. Providers should not prescribe systemic fluoroquinolones to patients who have other treatment options for acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis, and uncomplicated UTIs because the risks outweigh the benefits in these patients.
  4. Providers and pharmacists should discuss the signs and symptoms of adverse events associated with fluoroquinolones with patients.
  5. Providers should discontinue fluoroquinolone treatment immediately if a patient reports serious side effects, and switch to a non-fluoroquinolone antibacterial drug to complete the patient's treatment course.
  6. Avoid fluoroquinolones in patients who have previously experienced serious adverse reactions associated with fluoroquinolones.
  7. Check formulary status of alternative antibiotics to fluoroquinolones.
  8. Report side effects involving fluoroquinolones or other medications to the FDA MedWatch program.

- **Board Recommendation:**
  1. No recommendations at this time; pending evaluation results from the second mailing.

ProDUR Update: Additive Toxicity Alert Now Focused Only On CNS Depressants – July 2018

- **Background:** On August 31, 2016, the U.S. Food and Drug Administration (FDA) announced that it will require class-wide changes to drug labeling, including patient information, to help inform health care providers and patients of the serious risks associated with the use of certain opioid medications in combination with benzodiazepines and other CNS depressants.

  To address this risk prospectively, the Medi-Cal fee-for-service prospective DUR system was updated to generate an additive toxicity (AT) alert when a patient reaches a threshold of four or more active prescriptions within the following therapeutic categories: opioid pain or cough medications, benzodiazepines, skeletal muscle relaxants, other sleep drugs and tranquilizers (non-benzodiazepine), antipsychotic medications, and other selected psychotropic medications with CNS depressant properties. This change was effective June 1, 2018. Prior to this date, the AT alert had included all psychotropic and controlled (scheduled) drugs.

  An evaluation was completed after the end of June, in order to determine if the alert was working properly and was not imposing an undue alert burden on providers. Among the 1,964 beneficiaries that generated an AT alert in June 2018, the vast majority (n = 1,871; 95%) were enrolled in the Medi-Cal fee-for-service program and were under 65 years of age (n = 1,935; 98%), primarily due to the majority of drugs included in the AT alert being covered through Medicare or Managed Care Plans (MCPs).

- **Purpose:** The purpose of this evaluation is 1) to determine if there have been any relevant updates to the additive toxicity (AT) alert since the original article was published and 2) to evaluate AT alert volume over time.

- **Data Criteria and Findings:** Since the original article was published, there have been three drugs added to the list of drugs with the AT alert turned on: gabapentin, cenobamate, and lemborexant.

  There have been two mailings that addressed additive toxicity since the original article was published. The objectives for both of these mailings were the following:
  - To identify beneficiaries at high-risk for adverse events associated with the use of certain opioid medications in combination with benzodiazepines and other CNS depressants
  - To help inform health care providers and patients of the serious risks attributed to co-prescribing of opioids with CNS depressants, including benzodiazepines, non-benzodiazepine receptor agonists, and antipsychotics

The first mailing was sent on January 18, 2019 and included 31 beneficiaries who were continuously eligible in the Medi-Cal fee-for-service program between October 1, 2018, and January 31, 2019. Each beneficiary generated an AT alert with pharmacist override during December 2018 and had at least one paid claim for both an opioid and a benzodiazepine, as well as paid claims for at least two additional CNS depressants between October 1, 2018, and December 31, 2018. A total of 67 prescribers were identified for educational outreach letters, which were mailed on January 18, 2019. Patient profiles included all paid claims for drugs generating the AT alert, as well as any paid claims for gabapentin during the same time period as well. The primary outcome showed 61% of continuously eligible beneficiaries did not have active paid claims for both opioids and benzodiazepines after 6 months following the mailing. In addition, there were additional beneficiaries that were only taking buprenorphine (no other opioids) after 6 months following the mailing. The secondary outcome showed 16% of total continuously eligible beneficiaries had a paid claim for naloxone within the 6 months following the mailing.

Based on these results, the Board requested an additional mailing be completed. The same methods as the first mailing were followed and the bulletin was updated to reflect the addition of gabapentin to the list of drugs with the AT alert turned on. The second mailing was sent on January 30, 2020 to 73 prescribers to 29 beneficiaries that generated an AT alert (with pharmacist override) during December 2019. Beneficiaries had to have at least one paid claim for both an opioid and a benzodiazepine, and paid claims for at least two additional CNS depressants (10/1/19 - 12/31/19). The final outcomes for this mailing are scheduled to be presented in May 2021.

Finally, there was an additional mailing on July 10, 2020, to 242 prescribers that prescribed concomitant gabapentin and opioids to at least two Medi-Cal FFS beneficiaries since January 1, 2020. These letters included a bulletin on the risks of gabapentin and a handout on naloxone. Results from this mailing are also scheduled to be presented in May 2021.

- **Analysis:** As soon as the AT alert was turned on for gabapentin, gabapentin has continued to generate the greatest number of AT alerts among all drugs on the list. In August 2020, there were 775 AT alerts for gabapentin out of 5,770 total AT alerts, representing 13% of total alerts.

  However, the 5,770 total AT alerts in August 2020 was a decrease of 14% from the original article, which had 6,676 AT alerts. Another interesting finding from the August 2020 alert data shows a total of 2,679 Medi-Cal beneficiaries generated an AT alert, which is an increase of 36% from the 1,964 beneficiaries seen in the June 2018 alert data. These data can partially be explained by the addition of a commonly used drug like gabapentin to the AT alert profile, as additional beneficiaries would generate alerts that had not previously done so before it was added to the list of drugs with the AT alert turned on.

The 2018 passing of H.R. 6, Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) added increased scrutiny to polypharmacy that puts patient at high-risk, by requiring a claims review automated process that monitors when an individual enrolled in Medi-Cal is concurrently prescribed opioids and benzodiazepines or antipsychotics.

- **Limitations:** These alert data only include paid pharmacy claims with AT alerts overridden at the point-of-sale. There are additional claims that were never processed, in part due to the generation of a prospective DUR alert.

- **Research/Policy Recommendations:**
  1. Continue to monitor the concomitant use of multiple high-risk medications and CNS polypharmacy.
  2. Continue to provide educational outreach to providers, as needed to address high-risk prescribing and promote the co-prescribing of naloxone.

- **Clinical Recommendations:**
  1. Health care professionals should limit prescribing opioid pain medications with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate.
  2. If CNS polypharmacy cannot be avoided, health care professionals should work to limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect.
  3. Patients and caregivers should be advised about the risks of respiratory depression and sedation if opioids are used with benzodiazepines and other CNS depressants, including alcohol and illicit or recreational drugs. The use of naloxone should be proactively discussed with patients and caregivers and prescribed when indicated.
  4. Pharmacists should review the concomitant prescription data generated by the AT alert with prescribers, especially in cases where beneficiaries have multiple prescribers and/or pharmacies. The AT alert will be able to identify any active prescription processed through the Medi-Cal fee-for-service system.
  5. Before prescribing any CNS depressant, health care professionals should assess patient-specific risk factors that may put beneficiaries at a higher-risk for adverse events, including the presence of co-morbid mental health conditions, a history of suicidal ideation or attempts, and/or a history of alcohol or substance abuse disorder.

- **Board Recommendations:**
  1. No recommendations at this time; pending evaluation results from the second additive toxicity mailing, and the related mailing focused on concomitant prescribing of gabapentin and opioids. There is also a bulletin in-progress that will address tapering of benzodiazepines and opioids.